PORT TOWNSEND SCHOOL DISTRICT
Harassment, Intimidation, or Bullying (HIB) Incident Reporting Form

Reporting person/person assisting with form (optional): ________________________________

Targeted student: __________________________________________________________________

Your email address (optional): __________________________________________________________________

Your phone number (optional): __________________________________________________________________

Today’s date: _________________

Name of school adult you’ve already contacted (if any): ____________________ School __________

Name(s) of bullies (if known):
____________________________________________________________________________________

On what dates did the incident(s) happen (if known):
____________________________________________________________________________________

Where did the incident happen? Circle all that apply.

- Classroom
- Hallway
- Restroom
- Playground
- Locker Room
- Lunchroom
- Sport field
- Parking lot
- School bus
- Internet
- Cell phone
- During a school activity
- Off school property
- On the way to/from school

Other (Please describe.) ______________________________________________________________

Please check the box that best describes what the bully did. Please choose all that apply.

☐ Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student

☐ Getting another person to hit or harm the student

☐ Teasing, name calling, making critical remarks or threatening in person, by phone, electronically, etc.

☐ Putting the student down and making the student a target of jokes

☐ Making rude and/or threatening gestures

☐ Excluding or rejecting the student

☐ Making the student fearful, demanding money or exploiting

☐ Spreading harmful rumors or gossip

☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)

☐ Other
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If you select other, please describe:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Why do you think the harassment, intimidation, or bullying occurred?

____________________________________________________________________________________

Were there any witnesses? Yes ☐ No ☐

If yes, please provide their names:

____________________________________________________________________________________

Did a physical injury result from this incident? If yes, please describe.

____________________________________________________________________________________

Was the target absent from school as a result of the incident? Yes ☐ No ☐ If yes, please describe.

____________________________________________________________________________________

Is there any additional information?

____________________________________________________________________________________

Thank you for reporting!

For Office Use

Received by: _____________________ Date received: _________________

Action taken: _____________________

Parent/guardian contacted: _____________________

Circle one: Resolved Unresolved

Referred to: _____________________

September 2019