

**Summit Public Schools Washington**

**Harassment, Intimidation or Bullying  
(HIB) Incident Reporting Form**

**Reporting person** (optional): \_\_\_\_\_

Your email address (optional): \_\_\_\_\_

Your phone number (optional): \_\_\_\_\_

Today's date (mm/dd/yyyy): \_\_\_\_\_

**School:** \_\_\_\_\_

**Targeted student:** \_\_\_\_\_

Name of school adult you've already contacted (if any): \_\_\_\_\_

Name(s) of alleged antagonist(s) or perpetrator(s) (if known): \_\_\_\_\_

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

Where did the incident happen?

- |  |  |
|--|--|
| <input type="checkbox"/> Classroom           | <input type="checkbox"/> Parking lot               |
| <input type="checkbox"/> Hallway             | <input type="checkbox"/> School bus                |
| <input type="checkbox"/> Restroom            | <input type="checkbox"/> Online/Internet           |
| <input type="checkbox"/> Playground          | <input type="checkbox"/> Cell phone                |
| <input type="checkbox"/> Locker room         | <input type="checkbox"/> During a school activity  |
| <input type="checkbox"/> Lunchroom/Cafeteria | <input type="checkbox"/> Off school property       |
| <input type="checkbox"/> Sport field         | <input type="checkbox"/> On the way to/from school |
| <input type="checkbox"/> Gym                 | <input type="checkbox"/> Other: _____              |

**Were there any witnesses? Yes  No  If yes, please provide their names:**

**Please check the box that best describes what the actions of the alleged antagonist(s) or perpetrator(s). Please choose all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Blocked movement                 | <input type="checkbox"/> Physical harm / threats of harm  |
| <input type="checkbox"/> Damage to my property            | <input type="checkbox"/> Pranks                           |
| <input type="checkbox"/> Derogatory comments              | <input type="checkbox"/> Put downs                        |
| <input type="checkbox"/> Disrespectful comments           | <input type="checkbox"/> Racial slur(s)                   |
| <input type="checkbox"/> Electronic / Cyberbullying       | <input type="checkbox"/> Repeated behavior                |
| <input type="checkbox"/> Excluding me from activities     | <input type="checkbox"/> Sexual stories/jokes/pictures    |
| <input type="checkbox"/> Hazing (Club, team, class, etc.) | <input type="checkbox"/> Sexual Orientation Slurs         |
| <input type="checkbox"/> Gender slurs                     | <input type="checkbox"/> Slurs, rumors, jokes             |
| <input type="checkbox"/> Gestures Gossip                  | <input type="checkbox"/> Spreading rumors                 |
| <input type="checkbox"/> Intimidation directed at me      | <input type="checkbox"/> Threats (to me, friends, school) |
| <input type="checkbox"/> Name calling                     | <input type="checkbox"/> Touching / grabbing              |
| <input type="checkbox"/> Offensive writing or graffiti    | <input type="checkbox"/> Other:                           |

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

**Was the targeted student absent from school as a result of the incident? If yes, please describe:**

**Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?**

**Is there any additional information you can add?**

**Thank you for reporting!**