

School Name: _____



Mukilteo School District

Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

This form is to be used by any student who believes they have been the target of unresolved, severe, or persistent harassment, intimidation, or bullying, or any other person in the school community who observes or receives notice that a student has or may have been the target of unresolved, severe, or persistent harassment, intimidation, or bullying.

Today's Date: _____

Reporting person (optional): _____

Targeted student: _____ Grade: _____

Your email address (optional): _____

Your phone number (optional): _____

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

Name(s) of aggressor(s) (if known): _____

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

Please check the box that best describes where the incident happened. Please choose all that apply.

<input type="checkbox"/> Classroom	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> During a school activity
<input type="checkbox"/> Hallway	<input type="checkbox"/> Lunchroom	<input type="checkbox"/> School Bus	<input type="checkbox"/> During a school sporting event
<input type="checkbox"/> Restroom	<input type="checkbox"/> Sport field	<input type="checkbox"/> Online/Internet	<input type="checkbox"/> Off school property
<input type="checkbox"/> Playground	<input type="checkbox"/> Gym	<input type="checkbox"/> Cell Phone/Text	<input type="checkbox"/> On the way to/from school
<input type="checkbox"/> Other (Please describe): _____			

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

Sharing inappropriate drawings/cartoons/photographs/images/notes.
 Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
 Spreading harmful rumors or gossip.
 Excluding and/or rejecting the individual.
 Hitting, kicking, shoving, spitting, hair pulling or throwing something at the individual.
 Making rude, threatening and/or critical gestures or remarks.
 Getting another person to hit or harm the individual.
 Making the individual fearful (intimidating, humiliating, retaliation)
 Putting the individual down and making the individual a target of jokes, teasing, or name calling
 Sexual harassment: Making unwelcomed sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct of a sexual nature. Sexual stories/jokes/pictures.
 Sexual Orientation Slurs. Gender slurs.
 Discrimination: harassment motivated by race, color, religion, ancestry, national origin, cultural, gender, socio-economic status, sexual orientation including gender expression or identity, mental or physical disability or other distinguishing characteristics.
 Other (Please Describe): _____

Describe what happened?

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

Did a physical injury result from this incident? Yes No If yes, please describe:

Was the targeted student absent from school because of the incident? Yes No
If yes, please describe:

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

What is the desired resolution or outcome?

Thank you for reporting. Please only report what you know or believe to be true. To intentionally give a false report violates district policy and will result in disciplinary action.

-----**For School Use**-----

Received by: _____ Date received: _____
(Building Principal or Designee)

Action taken: _____

Parent/guardian contacted: _____
(Method of contact) (Date of contact)

Check one: Resolved Incident Unresolved Incident

If referred, referred to: _____ (Counselor, ESS, SSA, SRO, DO, etc.)