

Eastmont School District



HARASSMENT, INTIMIDATION OR BULLYING (HIB) *INCIDENT REPORTING FORM*

Today's Date:	
Reporting Person (optional):	
Targeted Student:	
Your e-mail address (optional):	
Your phone number (optional):	
Name of school adult you've already contacted (if any):	
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	Text		
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:

<input type="checkbox"/>	Hitting, kicking, shoving, spitting, hair pulling, or throwing something at the student
<input type="checkbox"/>	Getting another person to hit or harm the student
<input type="checkbox"/>	Teasing, name calling, making critical remarks, or threatening in person, by phone, by e-mail, etc.
<input type="checkbox"/>	Putting the student down and making the student a target of jokes
<input type="checkbox"/>	Making rude and/or threatening gestures
<input type="checkbox"/>	Excluding or rejecting the student
<input type="checkbox"/>	Making the student fearful, demanding money or exploiting
<input type="checkbox"/>	Spreading harmful rumors or gossip
<input type="checkbox"/>	Cyber bullying (bullying by calling, texting, e-mailing, web posting, etc.)
<input type="checkbox"/>	Other

If you select other, please describe:

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

Were there any witnesses to the incident, or are there students/staff who may have information about this incident?
 No Yes *If yes, list name(s)

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

Was the target of the harassment, intimidation or bullying absent from school as a result of the incident?
 No Yes *If yes, please describe:

Is there any additional information you would like to share about this incident?

THANK YOU FOR REPORTING!

**Please return form to: Eastmont Administration Office
Attn: Executive Director of HR
460 NE 9th Street
East Wenatchee, WA 98802**



FOR SCHOOL DISTRICT USE

Received by:	
Date received:	
Action Taken: (attach supporting documents)	
Parent/guardian contacted:	
Outcome:	Circle one: Resolved Unresolved
Referred to:	