# HARASSMENT, INTIMIDATION OR BULLYING (HIB)

## INCIDENT REPORTING FORM

<table>
<thead>
<tr>
<th>Today’s Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Person (optional):</td>
<td></td>
</tr>
<tr>
<td>Targeted Student:</td>
<td></td>
</tr>
<tr>
<td>Your e-mail address (optional):</td>
<td></td>
</tr>
<tr>
<td>Your phone number (optional):</td>
<td></td>
</tr>
<tr>
<td>Name of school adult you’ve already contacted (if any):</td>
<td></td>
</tr>
<tr>
<td>Name(s) of bullies (if known):</td>
<td></td>
</tr>
<tr>
<td>On what dates did the incident(s) happen (if known):</td>
<td></td>
</tr>
</tbody>
</table>

**Where did the incident happen?**  *Circle all that apply.*

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Hallway</th>
<th>Restroom</th>
<th>Playground</th>
<th>Locker Room</th>
<th>Lunchroom</th>
<th>Sport Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking Lot</td>
<td>School Bus</td>
<td>Internet</td>
<td>Cell Phone</td>
<td>Text</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During a School Activity</td>
<td>Off School Property</td>
<td>On the way to/from School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (please describe):

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

- Hitting, kicking, shoving, spitting, hairpulling, 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, by e-mail, 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, e-mailing, web posting, etc.)
- 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:  