



Olympia School District

Harassment, Intimidation or Bullying (HIB) Incident Reporting Form

Targeted Student: _____

Reporting Person (Optional): _____

Your Email Address (Optional): _____

Your Phone Number (Optional): _____ Today's Date: _____

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? Please Choose All That Apply.

Classroom	Hallway	Restroom
Playground	Locker room	Lunchroom
Sport Field	Parking Lot	School Bus
Internet	During A School Activity	On The Way To/From School
Cell phone	Off School Property	Other (Please describe):

Please Check The Box That Best Describes What The Bully Did. Please Choose All That Apply.

Hitting	Hair Pulling	Teasing
Kicking	Name Calling	Shoving
Spitting	Rejecting The Student	Throwing Something At The Student
Getting Another Person To Hit Or Harm The Student	Making Rude And/Or Threatening Gestures	Making Critical Remarks Or Threatening In Person, By Phone, By Email, Etc.
Putting The Student Down And Making The Student A Target Of Jokes	Making The Student Fearful	Demanding Money Or Exploiting
Spreading Harmful Rumors Or Gossip	Cyber Bullying (Bullying By Calling, Texting, Emailing, Web Posting, Etc.)	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 and contact information.

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:	_____