# *Centralia School District*

Building:

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

☐ **Confidential Report** ☐ **Anonymous Report** ☐ **Non-Confidential** ☐ **Third Party**

**Reporting person** (optional)**:**

**Targeted student (s):**

**Your email address** (optional)**:**

**Your phone number** (optional)**:** **Today's date:**

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

**Name(s) of bully (ies)** (if known)**:**

**On what dates / time of day did the incident(s) happen** (if known):

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

☐ Classroom ☐ Hallway ☐ Restroom ☐ Playground ☐ Locker room ☐ Lunchroom ☐ Sport field
☐ Parking lot ☐ School bus ☐ Internet ☐ Cell phone ☐ During a school activity
☐ On the way to/from school ☐ School bus stop ☐ Off School Property
☐ Other (Please describe.)

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

☐ Hitting, kicking, shoving, spitting, hair pulling 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
☐ Inappropriate touch
☐ Making the student fearful, demanding money or exploiting
☐ Spreading harmful rumors or gossip
☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
☐ Other
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**Why do you think the harassment, intimidation or bullying occurred?**

**How did you, the reporter, address/handle this incident?**

**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 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:** _____
(Administrator)

**Date received:** _____

**Action taken:** _____

**Parent/guardian contacted:** _____

**Circle one: Resolved Unresolved**

**Referred to:** _____

Revised: 10/10/11