

SEDRO-WOOLLEY SCHOOL DISTRICT

Washington State Harassment, Intimidation or Bullying (HIB) Form



GENERAL INFORMATION:

Reporting Person (optional):

Today's
Date:

Targeted Student:

School Name:

Name of school adult you've already talked to (if any):

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

On what dates did the incident(s) happen (if known) and/or the number of incidents:

WHERE DID THE INCIDENT HAPPEN? CHECK ALL THAT APPLY:

- | | |
|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Locker room | <input type="checkbox"/> Lunchroom |
| <input type="checkbox"/> Sport field | <input type="checkbox"/> Parking lot |
| <input type="checkbox"/> School bus | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> During a school activity |
| <input type="checkbox"/> Off school property | <input type="checkbox"/> On the way to/from school |
| <input type="checkbox"/> Other (please describe): | |

PLEASE CHECK THE BOX THAT BEST DESCRIBES WHAT THE AGGRESSOR DID. PLEASE CHOOSE ALL THAT APPLY:

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

ADDITIONAL INFORMATION: *PLEASE USE BACK OF FORM IF MORE SPACE IS NEEDED*

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

Were there any witnesses? If yes, please provide their names:

Was there an injury? If yes, please describe:

Was there an absence from school as a result of the incident? If yes, please describe:

FOR OFFICE USE:

RECEIVED BY:

DATE:

ACTION TAKEN:

- | | | |
|----------------------------------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Teacher intervention | | |
| <input type="checkbox"/> Referred to office | | |
| <input type="checkbox"/> Disciplinary action taken | | |
| <input type="checkbox"/> Parent contact: | | |
| <input type="checkbox"/> Resolved | <input type="checkbox"/> Unresolved | <input type="checkbox"/> Determined not HIB |

REFERRED TO:

"Bullying is when a student or students are being exposed, repeatedly and over time, to negative actions on the part of one or more students and exists when there is intentional harm-doing where a negative action is repeated over time and there is an imbalance of power."