

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."