

SEDRO-WOOLLEY SCHOOL DISTRICT

Washington State Harassment, Intimidation or Bullying (HIB) Form



GENERAL INFORMATION:			
Reporting Person (optional):	Today's Date:		
Targeted Student:			
School Name: Clear Lake Elementary			
Name of school adult you've already talked to:			
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."