

HOQUIAM SCHOOL DISTRICT
Harassment, Intimidation and Bullying
Incident Reporting Form

Your Name _____ **Today's Date** _____

Victim of Bullying _____ **Bully(ies)** _____

Date(s) of Incident _____ **Time of Incident** _____ **Adult Reported To** _____

Witnesses _____

Location of Incident (circle all that apply)

Classroom	Off School Grounds	Hallway	Restroom	Playground	Locker Room
Lunchroom	Sport Field	Parking Lot	Bus	Internet/Cell Phone	To/From School
Other (Please describe) _____					

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

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the victim
- Getting another person to hit or harm the victim
- Denying access to a location
- Taunting, teasing, name calling, putting the victim down and/or making the student the target of jokes
- Isolating, intentionally excluding or rejecting
- Making rude or threatening gestures
- Making another student fearful, demanding money or exploiting
- Spreading rumors or gossip that is harmful
- Cyber Bullying (bullying by calling, texting, emailing, web posting, etc)
- Sexual Harassment (specify...comments, jokes, touching, rumors, display of material, etc.) _____
- Other (Please explain) _____

Written Description of the Incident

For Office Use Only

Received by _____ Date Received _____

Action Taken _____

Parent/Guardian Contact Date: _____ Method: _____

Circle One: Resolved Unresolved Referred to: _____