Washington State Harassment, Intimidation or Bullying (HIB)

Aberdeen School District Incident Reporting Form

Reporting person (optional): __________________________________________________________

Targeted student: _________________________________________________________________

Your email address (optional): ______________________________________________________

Your phone number (optional): ____________________________ Today’s date: _________________________

Name of school adult you’ve already contacted (if any): _________________________________

Name(s) of bullies (if known): _______________________________________________________

On what dates did the incident(s) happen (if known): _______________________________________

Where did the incident happen?  Circle all that apply.

Classroom   Hallway   Restroom   Playground   Locker room   Lunchroom

Sport field   Parking lot   School bus   Internet   Cell phone   During a school activity

Off school property   On the way to/from school

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

☐ Excluding or rejecting the student

☐ Making the student fearful, demanding money or exploiting

☐ Spreading harmful rumors or gossip

☐ Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)

☐ Other

If you select other, please describe: _____________________________________________________
Why do you think the harassment, intimidation or bullying occurred?

___________________________________________________________________________________________

Were there any witnesses? Yes ☐ No ☐ If yes, please provide their names:

___________________________________________________________________________________________

Did a physical injury result from this incident? 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:  ______________________________________________________________________________

Date received:  ______________________________

Action taken:  ______________________________________________________________________________

Parent/guardian contacted:  ___________________________________________________________________

Circle one:    Resolved        Unresolved

Referred to:  __________________________________________

Refer to Policy 3207 for more information on receiving, documenting, and developing a plan to address concerns express in this reporting form.

Our district Compliance Officer is our Human Resources Director, who can be reached at 360-538-2004.

The Office of Education Ombudsman is also available to help resolve conflicts. They can be reached by mail at 155 N.E. 100th Street #210. Seattle, WA 98125-8012 or toll free at 866-297-2597.