

**HOCKINSON SCHOOL DISTRICT  
HARASSMENT, INTIMIDATION OR BULLYING (HIB)  
INCIDENT REPORTING FORM**

Today's date: \_\_\_\_\_

Reporting person (optional): \_\_\_\_\_

Targeted student: \_\_\_\_\_

Your e-mail address (optional): \_\_\_\_\_

Your phone number (optional): \_\_\_\_\_

Name of school adult you've already contacted (if any): \_\_\_\_\_

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

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

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/Cafeteria |
| <input type="checkbox"/> Sport field                   | <input type="checkbox"/> Gym                 | <input type="checkbox"/> Parking lot               | <input type="checkbox"/> School bus | <input type="checkbox"/> Cell phone  | <input type="checkbox"/> Online/Internet     |
| <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 bully did. Please choose all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Blocked movement              | <input type="checkbox"/> Threats (to me, friends, school)  | <input type="checkbox"/> Racial slur(s)      |
| <input type="checkbox"/> Damage to my property         | <input type="checkbox"/> Hazing (club, team, class, other) | <input type="checkbox"/> Gender slurs        |
| <input type="checkbox"/> Derogatory comments           | <input type="checkbox"/> Electronic / Cyberbullying        | <input type="checkbox"/> Pranks              |
| <input type="checkbox"/> Intimidation directed at me   | <input type="checkbox"/> Offensive writing or graffiti     | <input type="checkbox"/> Gossip              |
| <input type="checkbox"/> Sexual stories/jokes/pictures | <input type="checkbox"/> Slurs, rumors, jokes              | <input type="checkbox"/> Name calling        |
| <input type="checkbox"/> Disrespectful comments        | <input type="checkbox"/> Excluding me from activities      | <input type="checkbox"/> Put downs           |
| <input type="checkbox"/> Sexual Orientation Slurs      | <input type="checkbox"/> Physical harm or threats of harm  | <input type="checkbox"/> Touching / grabbing |
| <input type="checkbox"/> Repeated behavior             | <input type="checkbox"/> Spreading rumors                  |  |
| <input type="checkbox"/> Gestures (Explain) _____      |  |  |
| <input type="checkbox"/> Other (Please describe) _____ |  |  |

Why do you think this 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 targeted student absent from school as a result of the incident?  Yes  No

If yes, please describe:

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

Is there any additional information you can add?

**Thank you for reporting!**

-----For Office Use-----

**Received by:** \_\_\_\_\_

**Date received:** \_\_\_\_\_

**Action taken:** \_\_\_\_\_

**Parent/guardian contacted:** \_\_\_\_\_

**Circle one:**    **Resolved**        **Unresolved**

**Referred to:** \_\_\_\_\_