



*Pullman School District*  
**Aggressive Behavior/ HIB Report & Investigation**

**THE INCIDENT REPORT**

|   |            |  |  |
|---|------------|--|--|
| <b>Incident Report received via:</b><br>(oral, written, electronic, etc...) |            | <b>Date Received:</b>                            |  |
| <b>Incident Report received by:</b>   |            |  |  |
| <b>Interview Conducted By:</b>  |            | <b>Today's Date:</b><br>Within 2 days of receipt |  |
| <b>Date of Incident:</b>  |            | <b>Time of Incident:</b>                         |  |
| <b>Student Filing Complaint:</b>  | (optional) | <b>Grade:</b>                                    |  |
| <b>Targeted Student(s):</b>   |            | <b>Grade:</b>                                    |  |
| <b>Alleged Aggressor(s):</b>  |            | <b>Grade:</b>                                    |  |
| <b>Bystander / Witness:</b>   |            | <b>Grade:</b>                                    |  |
| <b>Bystander / Witness:</b>   |            | <b>Grade:</b>                                    |  |
| <b>Location(s) of incident:</b>   |            |  |  |

**Please check below all that apply:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Blocked movement             | <input type="checkbox"/> Intimidation directed toward me        | <input type="checkbox"/> Racial slur(s)           |
| <input type="checkbox"/> Damage to my property        | <input type="checkbox"/> Make my environment feel threatening   | <input type="checkbox"/> Repeated behavior        |
| <input type="checkbox"/> Derogatory comments          | <input type="checkbox"/> Name calling                           | <input type="checkbox"/> Sexual stories/jokes     |
| <input type="checkbox"/> Disrespectful comments       | <input type="checkbox"/> Offensive writing or graffiti          | <input type="checkbox"/> Sexual orientation slurs |
| <input type="checkbox"/> Electronic bullying          | <input type="checkbox"/> Physical harm to me or threats of harm | <input type="checkbox"/> Slurs, rumors, jokes     |
| <input type="checkbox"/> Excluding me from activities | <input type="checkbox"/> Pranks                                 | <input type="checkbox"/> Spreading rumors         |
| <input type="checkbox"/> Gender slurs                 |   | <input type="checkbox"/> Touching or grabbing     |
| <input type="checkbox"/> Gestures                     |   | <input type="checkbox"/> Other, Describe:         |

Other:

**Description of incident/situation:**

|   |  |  |  |
|---|--|--|--|
| <b>Family of Target Notified</b>            |  | <b>Date:</b><br>Within 2 days of receipt |  |
| <b>Family of Alleged Aggressor Notified</b> |  | <b>Date:</b><br>Within 2 days of receipt |  |

*Please contact Asst. Superintendent, Roberta Kramer for any assistance.*  
 Phone: (509) 332-3144      Email: rkramer@psd267.org



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**THE INVESTIGATION**

**Interviewer:** \_\_\_\_\_ **Interviewee:** \_\_\_\_\_

**Interview Questions:** (Questions should be specific. Focus on the senses. Be non-judgmental. Do not paraphrase. Do not *repeat* "he said/she said" responses. Keep interviewer affect low. Examples: What did you see? What did you hear? What did you feel? Where did this happen? When did this happen? Can you show me..... Etc... Repeat the **same questions** with each student.)

**Resolution reached:**  Yes or  No **If yes, describe:**

**Investigation Results:** (Attach all supporting documentation.)

|  |  |
|--|--|
| <b>Date Completed:</b><br>Within 5 days of receipt |  |
|--|--|

**Response/Results**

Referral to CPS if appropriate (use separate paperwork).



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FOLLOW UP ACTIONS

Safety Plan for Targeted Student(s) [ ] YES [ ] NO

Corrective Measure for Alleged Aggressor: [ ] YES [ ] NO

Briefly describe:

[ ] Perpetrator warned against retaliation.

[ ] Appropriate Disciplinary Action forms completed and communicated

Table with 4 columns: Action Item, Status, Date, and other. Rows include Family of Target Notified, Family of Alleged Aggressor Notified, and Compliance Officer Notified / Investigation Results sent.

Follow-up meeting with complainant on this date:
Persons at the meeting: Staff Member(s), Student(s), Other(s)
Comments regarding follow-up meeting:

Signature

Date