



# Washington State Harassment, Intimidation, or Bullying (HIB) Form Pullman Public Schools

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 aggressor(s) (if known):

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

Where did the incident happen? Circle all that apply.

- |                                                   |                                              |                                          |                                                    |
|---------------------------------------------------|----------------------------------------------|------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Classroom                | <input type="checkbox"/> Hallway             | <input type="checkbox"/> Playground      | <input type="checkbox"/> Lunchroom/Cafeteria       |
| <input type="checkbox"/> Restroom                 | <input type="checkbox"/> Parking lot         | <input type="checkbox"/> School bus      | <input type="checkbox"/> Cell Phone                |
| <input type="checkbox"/> Sport Field              | <input type="checkbox"/> Gym                 | <input type="checkbox"/> Locker Room     | <input type="checkbox"/> On the way to/from school |
| <input type="checkbox"/> During a school activity | <input type="checkbox"/> Off school property | <input type="checkbox"/> Online/Internet |                                                    |

Other (Please describe.) \_\_\_\_\_

Please check the box that best describes what the aggressor did. Please choose all that apply.

- |                                                            |                                                                           |                                                                     |
|------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Blocked movement                  | <input type="checkbox"/> Gestures (explain)                               | <input type="checkbox"/> Repeated behavior                          |
| <input type="checkbox"/> Damage to my property             | <input type="checkbox"/> Gossip                                           | <input type="checkbox"/> Slurs, rumors, jokes                       |
| <input type="checkbox"/> Derogatory comments               | <input type="checkbox"/> Intimidation/extorting/exploiting directed at me | <input type="checkbox"/> Spreading rumors                           |
| <input type="checkbox"/> Disrespectful comments            | <input type="checkbox"/> Name calling                                     | <input type="checkbox"/> Racial/ethnic slur(s)                      |
| <input type="checkbox"/> Electronic / Cyberbullying        | <input type="checkbox"/> Offensive writing or graffiti                    | <input type="checkbox"/> Student's national origin                  |
| <input type="checkbox"/> Excluding me from activities      | <input type="checkbox"/> Physical harm or threats of harm                 | <input type="checkbox"/> Student's immigration status               |
| <input type="checkbox"/> Hazing (club, team, class, other) | <input type="checkbox"/> Pranks                                           | <input type="checkbox"/> Students family/parental or marital status |
| <input type="checkbox"/> Gender slurs                      | <input type="checkbox"/> Put downs                                        | <input type="checkbox"/> Socio-economic status                      |
| <input type="checkbox"/> Repeated behavior                 | <input type="checkbox"/> Threats (to me, friends, school)                 | <input type="checkbox"/> Student's academic status                  |
| <input type="checkbox"/> Sexual stories/jokes/pictures     | <input type="checkbox"/> Touching / grabbing                              | <input type="checkbox"/> Student's disability                       |
| <input type="checkbox"/> Sexual orientation slurs          | <input type="checkbox"/> Gang recruitment                                 | <input type="checkbox"/> Other: <i>Describe below</i>               |
| <input type="checkbox"/> Sexual harassment                 | <input type="checkbox"/> Human trafficking/prostitution recruitment       |                                                                     |
| <input type="checkbox"/> Physical appearance               |                                                                           |                                                                     |

Other: (Please describe)

**Describe the incident:**

**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.**

**Did a psychological 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!**

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

**Received by:**

**Date received:**

**Action taken:**

**Parent/guardian contacted:**

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

**Referred to:**

*Last Revised Date:  
November 16, 2023*