Lake Chelan School District
Harassment, Intimidation or Bullying (HIB)
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? Check all that apply.

- Classroom
- Gym
- Hallway
- Restroom
- Playground
- Locker room
- Lunchroom/Cafeteria
- Sport field
- Parking lot
- School bus
- Online/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.

- Blocked movement
- Damage to my property
- Derogatory comments
- Disrespectful comments
- Electronic / Cyberbullying
- Excluding me from activities
- Gestures (Explain)
- Gossip
- Gender slurs

- Hazing (Club, team, class, other
- Intimidation directed at me
- Name calling
- Offensive writing or graffiti
- Physical harm or threats of harm
- Pranks
- Put downs

- Racial slur(s)
- Repeated behavior
- Sexual Orientation Slurs
- Sexual stories / jokes / pictures
- Slurs, rumors, jokes
- Spreading rumors
- Threats (to me, friends, school)
- Touching / grabbing

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:

___________________________________________________________________________________________

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

___________________________________________________________________________________________

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!

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For Office Use

Received by: ______________________________________________________________

Date received: ____________________________________________________________

Action taken: ____________________________________________________________

Parent/guardian contacted: ________________________________________________

Circle one:   Resolved       Unresolved

Referred to: ____________________________________________________________