

**Lake Chelan School District  
Harassment, Intimidation or Bullying (HIB)  
Incident Reporting Form**

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

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

**School:** \_\_\_\_\_

**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 date(s) did the incident(s) happen** (if known): \_\_\_\_\_

**Has this situation happened previously?**  Yes  No  Don't know

**Was the incident reported?**  Yes  No  Don't Know

**Where did the incident happen?** Check 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:(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?  Yes  No 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!**

Forms can be returned to any school or district office. Reports can all be sent via email to all building administrators and school counselors.

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

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

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

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

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

Circle one:    Resolved        Unresolved

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