



Colville School District

Harassment, Intimidation or Bullying (HIB) Staff Incident Reporting Form

Reporting person (optional): _____

Targeted adult/staff: _____

Your email address (optional): _____

Your phone number (optional): _____ Today's date: _____

Name of school official/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.

- Classroom Hallway Restroom Playground Locker room Lunchroom/Cafeteria
- Sport field Gym 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.

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

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 individual 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?

AFTER COMPLETION, SUBMIT INCIDENT REPORTING FORM TO YOUR BUILDING PRINCIPAL.

Thank you for reporting!

Building principal send completed form to Student Services after reviewing.

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

Received by: _____

Date received: _____

Action taken: _____

Staff member contacted: _____

Circle one: Resolved Unresolved

Referred to: _____