

**Coupeville School District
Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form
Form 3207-F1**

Name(s) of offender(s) (if known): _____

Targeted student: _____

Reporting person (optional): _____

Your email address (optional): _____

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

Name of school adult you've already contacted (if any): _____

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	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.
- Racial, gender or sexual orientation slurs
- Putting the student down, disrespectful comments or 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 rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Damage to property, offensive writing or graffiti

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? If yes, please describe. _____

Was the targeted student absent from school as a result of the incident? Yes No If yes, on what day(s) was the targeted student absent? _____

Is there any additional information? _____

Thank you for reporting!

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

Received by: _____ **Date received:** _____

Action taken: _____

Parent/guardian contacted (alleged offender): _____ **Date:** _____

Parent/guardian contacted (alleged offender): _____ **Date:** _____

Parent/guardian contacted (targeted student): _____ **Date:** _____

Circle one: *Resolved* *Unresolved*

Principal's signature: _____

Reviewed by: _____ Superintendent