

**HARASSMENT, INTIMIDATION OR BULLYING (HIB)**  
***INCIDENT REPORTING FORM***

<b>Today's Date:</b>	
<b>Reporting Person (optional):</b>	
<b>Targeted Student:</b>	
<b>Your email address (optional):</b>	
<b>Your phone number (optional):</b>	
<b>Name of school adult you've already contacted (if any):</b>	
<b>Name(s) of bullies (if known):</b>	
<b>On what dates did the incident(s) happen (if known):</b>	

**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	Text		
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"/>	Hitting, kicking, shoving, spitting, hair pulling, or throwing something at the student
<input type="checkbox"/>	Getting another person to hit or harm the student
<input type="checkbox"/>	Teasing, name calling, making critical remarks, or threatening in person, by phone, by email, etc.
<input type="checkbox"/>	Putting the student down and making the student a target of jokes
<input type="checkbox"/>	Making rude and/or threatening gestures
<input type="checkbox"/>	Excluding or rejecting the student
<input type="checkbox"/>	Making the student fearful, demanding money or exploiting
<input type="checkbox"/>	Spreading harmful rumors or gossip
<input type="checkbox"/>	Cyberbullying (bullying by calling, texting, emailing, webposting, etc)
<input type="checkbox"/>	Other
If you select other, please describe:	

Why do you think the harassment, intimidation or bullying occurred?
Were there any witnesses to the incident, or are there students/staff who may have information about this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, list names(s)
Did a physical injury result from this incident?                      If yes, please describe.
Was the target of the harassment, intimidation or bullying absent from school as a result of the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, list names(s)
Is there any additional information you would like to share about this incident?

**THANK YOU FOR REPORTING**

**Please return form to: Cascade School District Administration Office**  
**Attn: Human Resources**  
**330 Evans St**  
**Leavenworth, WA 98826**

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**FOR SCHOOL DISTRICT USE**

Received by:	
Date received:	
Action Taken: (attach supporting documents)	
Parent/guardian contacted:	
Outcome:	Circle one:    Resolved            Unresolved
Referred to:	