Washington State Harassment, Intimidation or Bullying (HIB)

Grandview School District 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 happ	en? Circle all tha	it apply.			
Classroom Parking lot property		Hallway School bus On the way t	Restroom Internet o/from school	Playground Cell phone	Locker room Lunchroom During a school activity	Sport field Off school	
Other (Please d	escribe.)					
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						
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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 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!
For Office Use
Received by:
Date received:
Action taken:
Parent/guardian contacted:
Circle one: Resolved Unresolved
Referred to: