



Fife School District
Harassment, Intimidation or Bullying (HIB)
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 aggressor(s) (if known): _____

On what dates did the incident(s) happen (if known): _____

Where did the incident happen? Check all that apply.

- | | | | | | |
|---|--|--|-------------------------------------|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Locker room | <input type="checkbox"/> Lunchroom/Cafeteria |
| <input type="checkbox"/> Sport field | <input type="checkbox"/> Gym | <input type="checkbox"/> Parking lot | <input type="checkbox"/> School bus | <input type="checkbox"/> Online/Internet | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> During a school activity | <input type="checkbox"/> Off school property | <input type="checkbox"/> 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 student 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?

Thank you for reporting.

-----For Office Use-----
Received by:

Date received: _____

Action taken:

Parent/guardian contacted:

Circle one: Resolved Unresolved

Referred to: _____