

HARASSMENT, INTIMIDATION OR BULLYING (HIB) INCIDENT REPORTING FORM

CENTRAL KITSAP SCHOOL DISTRICT

Please return completed form to building principal

Today's date:

Reporting person (optional):

Target(s):

Phone Number (optional):

Email Address (optional):

School:

Name of school adult you have already contacted (if any):

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

Date(s) of incident (if known):

Location(s) of incident? Check 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 below all that apply:

- | | |
|--------------------------------------|--|
| Blocked movement | Offensive writing or graffiti |
| Damage to my property | Physical harm to me or threats of harm |
| Derogatory comments | Pranks |
| Disrespectful comments | Racial slur(s) |
| Electronic Bullying | Repeated behavior |
| Excluding me from activities | Sexual stories/jokes |
| Gender slurs | Sexual orientation slurs |
| Gestures | Slurs, rumors, jokes |
| Intimidation directed toward me | Spreading rumors |
| Make my environment feel threatening | Touching or grabbing |
| Name calling | Other |

(continued on back side)

If you select other, please describe:

Describe the details of the incident you are reporting:

Were there any witnesses? Yes No If yes, please provide 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.