



Klickitat School District

98 School Drive Klickitat, WA 98628

Phone: 509-369-4145

Harassment Intimidation or Bullying (HIB) Incident Reporting Form

Use this form to report harassment, intimidation or bullying you have been involved in or observed. You may choose not to include your name. An anonymous report may bring increased supervision but will not result in an investigation or disciplinary action. You may give this report to any school adult.

Report Options:

- Anonymous - No disciplinary action will be taken solely on this report
- Confidential - No disciplinary action will be taken solely on this report
- Non-Confidential - District will fully implement anti-retaliation process

Today's date: _____

Your name: (optional): _____ Grade: _____

Targeted Student: _____ Grade: _____

Name of school adult you've contacted: _____

Name(s) of alleged person who caused harm (if known): _____ Grade: _____

On what date(s) did the incident(s) happen (if known): _____ Time/Class: _____

Has this happened before? -Yes -No -Don't know If yes, when? _____

Were there any witnesses? -Yes -No If yes, please provide their first and last names: _____

Where did the incident happen? (check all that apply)

- Classroom Hallway Restroom Lunchroom Playground Locker room
- Sports field School bus Parking Lot Cell phone Social Media Off school property
- During a school activity On the way to/from school School Common Area
- Other (please describe): _____

Please check below all that apply:

<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, touching, grabbing or throwing something at student	<input type="checkbox"/> Getting another person to hit or harm the student	<input type="checkbox"/> Physical harm or threats
<input type="checkbox"/> Blocked movement	<input type="checkbox"/> Intimidation directed toward me	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Spreading harmful rumors or Gossip	<input type="checkbox"/> Making my environment feel threatening
<input type="checkbox"/> Making the student fearful, demanding money or exploiting	<input type="checkbox"/> Damage to my property	<input type="checkbox"/> Offensive writing or graffiti
<input type="checkbox"/> Pranks	<input type="checkbox"/> Disrespectful comments	<input type="checkbox"/> Derogatory comments
<input type="checkbox"/> Name calling	<input type="checkbox"/> Racial slur(s)	<input type="checkbox"/> Gender slur(s)
<input type="checkbox"/> Sexual orientation slur(s)	<input type="checkbox"/> Sexual stories/jokes	<input type="checkbox"/> Cyber bullying (calling, texting, emailing, social media posting, etc.)
<input type="checkbox"/> Repeated behavior	<input type="checkbox"/> Other, Describe: _____	

Describe the conduct or incident, describing in detail what the alleged aggressor did. Use facts: Who, What, When, Where and Why etc...

Did an injury result from this incident? If yes, please describe:

Did you or the student miss school as a result of the incident? Yes No

If yes, please describe:

Is there any additional information?

Thank you for reporting!

Please only report what you know or believe to be true. To intentionally give a false report violates district policy and will result in disciplinary action.

For Internal Use Only			
Above Report Received By:		Date Received:	
Interview Conducted By:		Today's Date:	
Report Being Made Is:	<input type="checkbox"/> X-Anonymous	<input type="checkbox"/> X-Confidential	<input type="checkbox"/> X-Non-Confidential
Family of Targeted Student(s) Notified	<input type="checkbox"/> X-Phone <input type="checkbox"/> X-Text <input type="checkbox"/> X-Email <input type="checkbox"/> X-Other: _____	Name/Relationship:	Date:
Family of Alleged Aggressor(s) Notified	<input type="checkbox"/> X-Phone <input type="checkbox"/> X-Text <input type="checkbox"/> X-Email <input type="checkbox"/> X-Other: _____	Name/Relationship:	Date:
Action Taken:			