Chehalis School District Harassment, Intimidation or Bullying Incident Reporting Form

TO BE USED FOR ALL HIB INCIDENTS

Date Form Completed

Reporting person: _____________________________________________________________

Targeted student: ___________________________________________________________

Your phone number: ________________________ Name of school: ______________________

Name of school adult you’ve already contacted (if any): _____________________________

Bully Name(s):

__________________________________________________________

On what dates did the incident(s) happen:

__________________________________________________________

Where did the incident happen?

__________________________________________________________

Please describe the incident?

__________________________________________________________

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!
Received by: ____________________________________________________________
Date received: ________________________________

Initial Parent Notification  Mother ___________  Father ___________  Other ___________
By Whom: ________________________________  Date__________________________

Parent Notification of Outcome ___________  Mother ___________  Father ___________  Other ___________
By Whom: ________________________________  Date__________________________

Action taken: __________________________________________________________________________

Circle one:  Resolved       Unresolved

Signatures:
Principal _______________________________________________________________________________
Date: ____________________________

Superintendent or Designee _______________________________________________________________
Date: ____________________________