

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!

-----For Office Use-----

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: _____