Washington State Harassment, Intimidation or Bullying (HIB) Wahkiakum School District Reporting Form

Instructions: Please complete and submit to our
District Compliance Officer, Stephanie Leitz, High School Principal

Reporting person (optional):		
Targe	student:	
Your	ail address (optional):	
Your	one number (optional):Today's date:	
Name	school adult you've already contacted (if any):	
Namo	of bullies (if known):	
On w	what dates did the incident(s) happen (if known):	
Whe	id the incident happen? Circle all that apply.	_
Class Parki prope	ot School bus Internet Cell phone During a school activity Off school	
Othe	ease describe.)	
Pleas	neck the box that best describes what the bully did. Please choose all that apply.	
	Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student	
	Setting another person to hit or harm the student	
	Feasing, name calling, making critical remarks or threatening in person, by phone, by e-mail, etc.	
	Putting the student down and making the student a target of jokes	
	Making rude and/or threatening gestures	
	Excluding or rejecting the student	
	Making the student fearful, demanding money or exploiting	
	Spreading harmful rumors or gossip	
	Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)	
	Other	

If you select other, please describe:
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:
Action taken:
Parent/guardian contacted:
Circle one: Resolved Unresolved
Referred to: