

# WSSB Harassment, Intimidation or Bullying (HIB)- Incident Report Form

Reporting person (optional):

Targeted student:

Your email address (optional):

Your phone number (optional):

Today's date:

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

Name(s) of bullies (if known):

On what dates did the incident(s) happen (if known):

Where did the incident happen? 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 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 ☐

Getting another person to hit or harm the student ☐

Teasing, 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. ☐

Inappropriate sexual contact and/or comments. ☐

Other ☐

If you select other, please describe:

Why do you think the harassment, intimidation or bullying occurred?

Were there any witnesses?

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?

If yes, please describe:

Is there any additional information?

Thank you for reporting!

Received by:

Date received:

Action taken:

Parent/guardian contacted:

Select one:

Resolved ☐

Unresolved ☐

Referred to: