Washington State Harassment, Intimidation or Bullying (HIB)

Orient School District, 374 4th Ave, Orient, WA 99160/ (509) 684-6873

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 aggressor(s) (if known): ______________________________________

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

Where did the incident happen? Check all that apply.

    __ Classroom     __ Hallway     __ Sport field   __ Gym   __ During a school activity __ Restroom
    __ Playground   __ Parking lot __ School bus __ Lunchroom __ School Bus __ Online/ internet __ Cell phone
    __ Off school property __ On the way to/from school

Other (Please describe.) _________________________________________________

Please check the action that best describes what the bully did. Please choose all that apply.

    __ Blocked movement    __ Damage to my property    __ Derogatory comments __ Disrespectful comments
    __ Electronic / Cyberbullying __ Excluding me from activities __ Hazing (team, class, other) __ Gender slurs
    __ Gestures (Explain) __ Gossip __ Intimidation directed at me __ Name calling __ Offensive writing or graffiti
    __ Physical harm or threats of harm __ Pranks __ Put downs __ Racial slur(s) __ Repeated behavior
    __ Sexual stories/jokes/pictures __ Sexual Orientation Slurs __ Slurs, rumors, jokes __ Spreading rumors
    __ Threats (to me, friends, school) __ Touching / grabbing

Other: (Please describe) _________________________________________________

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Why do you think this occurred?

Were there any witnesses? Yes □ No □ If yes, please provide their names:

Did a physical injury result from this incident? □ Yes □ No □ If yes, please describe.

Was the targeted student absent from school as a result of the incident? □ Yes □ No □ If yes, please describe.

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?

Is there any additional information you can add?

Thank you for reporting! HIB Officer- Sherry Cowbrough sherry.cowbrough@orientsd.org

For Office Use

Received by: ____________________________

Date received: _________________________

Action taken: ___________________________

Parent/guardian contacted: ___________________________

Circle one: Resolved Unresolved

Referred to: ____________________________

03/2023