

**Tumwater School District**621 Linwood Ave SW
Tumwater, WA 98512

HIB Report

Harassment / Intimidation / Bullying

Please Note: We do not disclose the name(s) of our sources without consent. We are sensitive to the confidentiality concerns of parents and students. You may choose to remain anonymous, confidential or non-confidential, consistent with applicable District policies. If you or your student experiences retaliation, it is important that you contact your student's administrator so that s/he is able to appropriately handle the situation.

Today's date: _____ ☐ Initial ☐ Frequent ☐ Severe Reported By: _____
 Reporter Wishes to remain: ☐ Anonymous ☐ Confidential ☐ Non-Confidential
 Victim/Target: _____ Grade: _____ School: _____
 Parent Email: _____ Parent Phone: _____
 Name of school adult you've already contacted (if any): _____
 Name(s) of aggressor(s) including nicknames (if known): _____

When did the incident(s) occur? Date: _____ Time: _____ / Date: _____ Time: _____

Where did the incident(s) occur? ☐ On School Property ☐ Off School Property

If on school property, where did the incident occur? *Please check appropriate box(s) below*

☐ Classroom ☐ Hallway ☐ Restroom ☐ Playground ☐ Lunch Room ☐ Sport Field ☐ Gym ☐ Parking Lot ☐ Library ☐ Internet
☐ Cell Phone ☐ Court Yard ☐ Theatre ☐ School Bus ☐ On the Way to School ☐ On the Way Home From School
☐ At a School Event ☐ Other: _____

If the incident occurred off school property? Where? _____

Additional Information: *Please check all boxes that apply. Write or add more if you would like.*

Physical:

<input type="checkbox"/> Hitting, kicking, shoving, elbowing, hair pulling, spitting, biting, etc	<input type="checkbox"/> Stealing something from the victim
<input type="checkbox"/> Making rude or threatening gestures	<input type="checkbox"/> Throwing something at the victim
<input type="checkbox"/> Blocking the way of the victim or locking the victim in a room	<input type="checkbox"/> Threatening with a weapon
<input type="checkbox"/>	<input type="checkbox"/>

Verbal:

<input type="checkbox"/> Teasing, name calling, making critical/negative remarks, put downs	<input type="checkbox"/> Making the victim the target of jokes
<input type="checkbox"/> Isolating from peers	<input type="checkbox"/> Spreading harmful rumors / gossip
<input type="checkbox"/> Threatening in person / by phone / by mail, etc.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Racial:

<input type="checkbox"/> Telling racial biased jokes	<input type="checkbox"/> Mocking ethnic clothing, mocking a country's traditions, making fun of foreign accents
<input type="checkbox"/> Insulting with a racial bias: writing racially derogative graffiti	<input type="checkbox"/> Coercing the victim not to respect family racial customs
<input type="checkbox"/> Unwelcome symbols e.g. Confederate Flag, offensive photographs	<input type="checkbox"/> Destruction of victim's property
<input type="checkbox"/> Physical attack (real or threatened) on victim because of race	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Sexual:

<input type="checkbox"/> Telling sexual jokes within the victim's earshot	<input type="checkbox"/> Sexual jokes / pictures / teasing
<input type="checkbox"/> Calling a student sexually offensive names (such as "gay" or "lesbian")	<input type="checkbox"/> Deliberate touching / pinching / cornering, attempts to kiss or fondle
<input type="checkbox"/> Sexually demeaning comments, or undermining a student's belief in self, based on sexuality	<input type="checkbox"/> Pressure for dates or sex
<input type="checkbox"/> Sexually suggestive looks or gestures	<input type="checkbox"/> Spreading rumors that are sexual in nature
<input type="checkbox"/> Threats, demands / suggestions that favors will be granted in exchange for sex or tolerance of sexual advances	<input type="checkbox"/> Sexual Assault / Rape
<input type="checkbox"/>	<input type="checkbox"/>

Electronic:

<input type="checkbox"/> Aggressive by phone calls, texting, emailing, web posting, etc.	<input type="checkbox"/>
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What did the person/s do? (*specific behaviors*)

What was your (or the victim/target's) response?

Did you (or the victim/target) tell the person/s to stop? ☐ No ☐ Yes (*If yes, what was the aggressor's response?*)

Has anything like this happened before? ☐ No ☐ Yes (*If yes, How many times?*) _____

How did you feel immediately after the incident/s? (*Check all applicable boxes*) ☐ Anger ☐ Fear ☐ Rage ☐ Shame
☐ Humiliated ☐ Lonely ☐ Pathetic ☐ Hopeless ☐ Other

Why do you think the incident occurred?

Were there any witnesses? ☐ No ☐ Yes (*If yes, please provide name/s*)

Did a physical injury result from this incident? ☐ No ☐ Yes (*If yes, please describe*)

Were you (or the victim / target) absent from school as a result of this incident? ☐ No ☐ Yes (*If yes, please describe*)

What action would be required to resolve the situation to your satisfaction?

Is there any additional information you think the school needs to know? ☐ No ☐ Yes (*If yes, please share*)

School will complete this section before sending a copy to the HIB Compliance Officer at District Office.

Date of interview: _____ Interviewed by: _____

Parent / guardian of target contacted—Name: _____ Date: _____

Parent /guardian of aggressor contacted —Name: _____ Date: _____

If applicable, please indicate whether the incident was related to/based on:

☐ Gender ☐ Sexual orientation/identity ☐ Race, Color or National Origin ☐ Disability ☐ Religion

Date to follow up _____ Results _____

☐ Resolved ☐ Unresolved and referred to: _____

Date: _____ Action Taken:

Follow-up Plan:

☐ Additional documentation attached

Copy Distribution: ☐ District Office ☐ Site Administrator/Counselor ☐ Other _____