

**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"/> |
|--|--------------------------|

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