



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

pub:HIBReportForm/APRIL-2022/Attorney:TAC

Copy Distribution:

District Office

Site Administrator/Counselor

Other _____