



Tumwater School District

621 Linwood Ave SW • Tumwater, WA 98512

Secondary Safety Incident Reporting (Grades 7-12)

Please use this form to report any incident that you want the school to be aware of
 ... **bullying / harassment ... theft ... weapons ... drugs ... fighting ... peer conflict ... other safety concerns**
 This form may be completed by a student, staff member, parent, volunteer, or community member.

Today's Date: _____

Your Name: _____

I wish to remain anonymous.

Student's Name: _____

Grade: _____ School: _____

Please describe the incident you are reporting ... Be as detailed as possible (Include date/s, time/s, location/s, names of others involved, etc)

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

Would you like us to contact you directly? No Yes (If yes, please provide your contact information) _____

If you are reporting for your student, may we contact your student directly? No Yes (Please know, we'll be as discreet as possible) _____

Is there any additional information you think the school needs to know? _____

Student Signature: _____

Important Note: We do not disclose the name(s) of our sources. We are sensitive to the confidentiality concerns of parents and students. As we begin our investigation, there is a possibility that the aggressor(s) may think they have figured out who reported the incident. 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. **Thank you for reporting!**

For School Office Use Only – Send one copy to the District Office Compliance Coordinator

Date Report Received: _____ Received By: _____

Follow-up done on Secondary HIB Interview report. ___ Date: _____

Issue resolved and/or no HIB follow-up needed. ___

Copy Distribution: District Office Site Administrator/Counselor Other _____

wordantiharassmentFORM/SecondarySafetyIncidentReport/ing7/1/13TAC