Fife School District
Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

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 ☐ Restroom ☐ Playground ☐ Locker room ☐ Lunchroom/Cafeteria
☐ Sport field ☐ Gym ☐ Parking lot ☐ School bus ☐ Online/Internet ☐ Cell phone
☐ During a school activity ☐ Off school property ☐ On the way to/from school

Other (Please describe.) ____________________________________________________________

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

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

Other (Please describe.) ____________________________________________________________________
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? 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.

-------------------------------------------------------------------For Office Use-------------------------------------------------------------------

Received by:

____________________________________________________________

Date received: _____________________________________

Action taken:

____________________________________________________________

Parent/guardian contacted:

____________________________________________________________

Circle one: Resolved Unresolved

Referred to: _____________________________________