

DISCRIMINATION/HIB INCIDENT REPORTING FORM

Cheney School District No. 360 is committed to a safe and civil educational environment for all students, employees, parent/guardians, volunteers, and patrons, and maintains a firm policy prohibiting all forms of discrimination, harassment, intimidation, and/or bullying (D/HIB). All persons are to be treated with respect and dignity. This form is to be used in accordance with Policy & Procedure 3207 for acts of D/HIB involving students.

Reporting person (optional): _____ Phone number (optional): _____

Targeted student: _____ School _____

Your email address (optional): _____ Today's date: _____

Name of school adult you've already contacted (if any): _____

Name(s) of bullies (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 Lunch room Sport field
- Parking lot School bus 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 check all that apply.

- Hitting, kicking, shoving, spitting, hair pulling or throwing something at the student
- Getting another person to hit or harm the student
- Teasing, name calling, making critical remarks or threatening in person, by phone, by email, etc.
- Putting the student down and making the student a target of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Making the student fearful, demanding money or exploiting
- Spreading harmful rumors or gossip
- Cyber bullying (bullying by calling, texting, emailing, web posting, etc.)
- Other

If you select other, please describe: _____

Describe the incident(s) as clearly as possible, including such things as: (a) where it occurred; (b) what force, if any, was used; (c) verbal statements that were made (i.e. threats, requests, demands, etc.); (d) and what, if any, physical contact was involved. Please attach additional pages if necessary.

Why do you think the harassment, intimidation or bullying occurred? _____

Have you taken steps to try to resolve the situation? Please describe.

Were there witnesses? Yes No If yes, please provide their names:

Did a physical injury result from this incident? If yes, please describe.

Is there any additional information?

This complaint is filed based on my honest belief that _____
has created a harassing or hostile school environment. I hereby certify that the information I have provided in this
complaint is true, correct, and complete to the best of my knowledge. I understand that false accusations of harassment
or bullying will be subject to discipline actions or other appropriate sanctions.

Signature (if person reporting is not anonymous): _____ Date: _____

Received by: _____ Date: _____

Thank you for reporting!



(FOR OFFICE USE ONLY)

Received by: _____ Date received: _____

Was the victim absent from school as a result of the incident? Yes No If yes, please describe.

Action taken by (name): _____

Student Conference Parent Contact Disciplinary Action Referred as Formal Complaint

Neutral 3rd Party Conference Other _____

Incident(s) reported for **same targeted student and bully** 1 2 3

Parent/guardian contacted: _____

Referred to: _____

Follow-up plan: _____

DISTRIBUTION: Copy to Superintendent's Office on **third incident reported for same targeted student and bully**, for
Compliance Officer review