

**Medical Lake 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 alleged bullies (if known): \_\_\_\_\_

On what dates did the alleged incident(s) happen (if known): \_\_\_\_\_

Where did the alleged incident happen? Circle all that apply.

- |                     |            |                           |            |                          |           |             |
|---------------------|------------|---------------------------|------------|--------------------------|-----------|-------------|
| Classroom           | Hallway    | Restroom                  | Playground | Locker room              | Lunchroom | 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 alleged bully did. Please choose 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 e-mail, 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: \_\_\_\_\_

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