



Lynden School District No. 504
Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form

Today's date: _____

Reporting person (optional): _____ Targeted student: _____

Your email address (optional): _____ Your phone number (optional): _____

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 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 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
- 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 selected other, please describe:*

Why do you think the harassment, intimidation or bullying 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 target absent from school as a result of the incident? Yes No

If yes, please describe _____

Is there any additional information?

Thank you for reporting!

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

Received by: _____

Date received: _____ Copy to Compliance Officer _____

Action taken: _____

Parent/Guardian contacted: _____

Check one: Resolved Unresolved

Referred to: _____