



**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.

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Was the target absent from school as a result of the incident?      Yes      No

If yes, please describe \_\_\_\_\_

Is there any additional information?

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*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:* \_\_\_\_\_