Cashmere School District

Alleged HIB Incident Report Form

(Washington State Form)

Repo	Reporting person:						
Targ	Fargeted student (victim or victims):						
Your	email add	dress (optional)	:				
	/our phone number (optional):Today's date:						
Nam	Name of school adult you've already contacted (if any):						
Nam	e(s) of bu	llies:					
On v	vhat date(s) did the incid	t (victim or victims): ress (optional):Today's date:				
Whe	Vhere did the incident happen? Circle all that apply.						
Class	sroom	Hallway	Restroom	Playground	Locker room Lunchroom S	Sport field	
Park	ing lot	School bus	Internet	Cell phone	During a school activity Off school	ol property	
On t	he way to,	from school/					
Othe	er (Please o	describe.)					
Plea	se check t	he box that bes	st describes wha	it 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 or in written form.						
	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						
	Teasing, name calling, critical remarks or threatening by phone, texting, emailing, web posting, etc.						
	Other (pl	ease describe):	:				

Please make sure both sides are completed

Cashmere	School	District
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Why do you think the harassment, intimidation or bullying occurred?

Were there any witnesses? Yes \square No \square If yes, please provide their names:
Did a physical injury result from this incident? If yes, please describe.
Was the victim absent from school as a result of the incident? Yes \Box No \Box If yes, please describe
s there any additional information?
Thank you for reporting! Please submit this form to your school counselor
For Office Use
Received by: Date received: Action taken:
Parent/guardian contacted:
Circle one: Resolved Unresolved
Referred to:
Date form was sent to District HIB Compliance Officer: