

**Issaquah School District  
Prohibition Against Harassment, Intimidation and Bullying  
Incident Reporting Form**

**Reporting person** (Optional): \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Targeted student(s):** \_\_\_\_\_

**Your email address** (optional): \_\_\_\_\_

**Your phone number** (optional): \_\_\_\_\_ **Best way to contact:**  phone  email

**Name of school adult you've already contacted** (if any): \_\_\_\_\_

**Name(s) of alleged aggressor** (if known): \_\_\_\_\_

Check if this is the **First Incident**.  Check if this has been **Ongoing**. For how long? \_\_\_\_\_

**On what date(s) did the incident(s) happen** (if known)? \_\_\_\_\_

**Where did the incident happen?** Check all that apply:

- Classroom  Hallway  Restroom  Playground  Locker room  Lunchroom  Sports field  
 Parking lot  School bus  On-line  Cell phone  During a school activity  Off school property  
 On the way to/from school  Other (please describe): \_\_\_\_\_

**Please check below all that apply:**

<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, touching, grabbing or throwing something at student	<input type="checkbox"/> Getting another person to hit or harm the student	<input type="checkbox"/> Physical harm or threats
<input type="checkbox"/> Blocked movement	<input type="checkbox"/> Intimidation directed toward me	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Spreading harmful rumors or Gossip	<input type="checkbox"/> Making my environment feel threatening
<input type="checkbox"/> Making the student fearful, demanding money or exploiting	<input type="checkbox"/> Damage to my property	<input type="checkbox"/> Offensive writing or graffiti
<input type="checkbox"/> Pranks	<input type="checkbox"/> Disrespectful comments	<input type="checkbox"/> Derogatory comments
<input type="checkbox"/> Name calling	<input type="checkbox"/> Racial slur(s)	<input type="checkbox"/> Gender slurs
<input type="checkbox"/> Sexual orientation slurs	<input type="checkbox"/> Sexual stories/jokes	<input type="checkbox"/> Cyber bullying (calling, texting, emailing, social media posting, etc.)
<input type="checkbox"/> Repeated behavior	<input type="checkbox"/> Other, Describe: _____	

**Description of incident/situation** (Continue on another page if needed):

Why do you think this occurred?

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

Did a physical injury result from this incident?  Yes  No If yes, please describe: \_\_\_\_\_

Was the targeted student absent from school as a result of the incident?  Yes  No If yes, please describe: \_\_\_\_\_

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?  
 Yes  No If yes, please describe (and attach): \_\_\_\_\_

Is there any additional information you can add?

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**Thank you for reporting.  
 Return Incident Reporting Form to the School Principal.**

For Internal Use ONLY:																								
<b>Above Report Received By:</b>		<b>Date Received:</b>																						
<b>Interview Conducted By:</b>		<b>Today's Date:</b> Within 2 days of receipt																						
<b>Report being made is:</b>	<input type="checkbox"/> Anonymus <input type="checkbox"/> Confidential <input type="checkbox"/> Non-Confidential																							
<b>Family of Targeted Student(s) Notified</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/Relationship:	<b>Date:</b> Within 2 days of receipt																						
<b>Family of Alleged Aggressor(s) Notified</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/Relationship:	<b>Date:</b> Within 2 days of receipt																						
<b>Compliance Officer Notified:</b>	<input type="checkbox"/> Yes <b>Date:</b> _____ <b>Check one:</b> <input type="checkbox"/> Resolved <input type="checkbox"/> Unresolved																							
<b>Action Taken:</b>																								
<b>Report entered in Skyward (*See directions for entering into Discipline Notes)</b>	<input type="checkbox"/> Yes <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 10%;">Code</th> <th style="width: 30%;">Short Description</th> <th style="width: 60%;">Long Description</th> </tr> </thead> <tbody> <tr> <td>DDIS</td> <td>Alleg-Disability</td> <td>Allegation Disability</td> </tr> <tr> <td>DGEN</td> <td>Alleg-Gender</td> <td>Allegation Gender</td> </tr> <tr> <td>DISC</td> <td>Discipline</td> <td>Discipline</td> </tr> <tr> <td>DRAC</td> <td>Alleg-Race</td> <td>Allegation Race</td> </tr> <tr> <td>DREL</td> <td>Alleg-Religion</td> <td>Allegation Religion</td> </tr> <tr> <td>DSO</td> <td>Alleg-Sex Orien</td> <td>Allegation Sexual Orientation</td> </tr> </tbody> </table> *IF the allegation is not connected to a protected class, enter with DISC code and description write "HIB incident report form".	Code	Short Description	Long Description	DDIS	Alleg-Disability	Allegation Disability	DGEN	Alleg-Gender	Allegation Gender	DISC	Discipline	Discipline	DRAC	Alleg-Race	Allegation Race	DREL	Alleg-Religion	Allegation Religion	DSO	Alleg-Sex Orien	Allegation Sexual Orientation	<b>Date:</b>	
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<b>Paperwork sent to Compliance Officer</b>	<input type="checkbox"/> Yes	<b>Date:</b>																						