

**Issaquah School District
Prohibition Against Harassment, Intimidation and Bullying
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 aggressor (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 | Sports 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 aggressor 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 email, 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: _____

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

How did it make you feel?

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 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!
Return Incident Reporting Form to the School Principal**

For Internal Use only:

Received by: _____ Date received: _____

Referred to: _____ Date referred: _____

Parent/guardian contacted (name and contact info): _____

Date Compliance Officer notified: _____

Action Taken:

Date: 07.30.19