



**Pateros School District  
Harassment, Intimidation or Bullying (HIB)  
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 bullies (if known):**  
\_\_\_\_\_

**On what dates did the incident(s) happen (if known):**  
\_\_\_\_\_

**Where did the incident happen?** Circle 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, 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?

\_\_\_\_\_

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: \_\_\_\_\_

Action taken: \_\_\_\_\_

Parent/guardian contacted: \_\_\_\_\_

Circle one:      Resolved      Unresolved

Referred to: \_\_\_\_\_