

Harassment, Intimidation, and Bullying (HIB) Incident Reporting Form



* To be considered HIB, an incident must meet the criteria as defined in District Policy 3207 and Superintendent Procedure 3207SP Also refer to R.C.W. 28A.300.285.

Today's Date: _____

School: _____

Targeted student(s): _____

Reporting person: _____ Phone number: _____

Email address: _____

Name(s) of the alleged aggressor(s) or other identifiers (i.e. physical description or class where student enrolled, if name unknown):

Describe what has happened. Include **when** the incident(s) occurred **where** the incident(s) occurred:

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.

Has the targeted student been absent from school as a result of the incident? Yes No If yes, please describe.

Name of school official you have already contacted about this issue (if any):

What was the response?

Is there any additional information you would like to provide?

Return form to SCHOOL PRINCIPAL and

Office of Student Civil Rights –

- by e-mail at OSCR@seattleschools.org; or
- by U.S. Mail at

Seattle Public Schools – Office of Student Civil Rights
 PO Box 34165 / Mail Stop 33-157
 Seattle, WA 98124

Questions – Please call (206) 252-0306

----- For Building Administrator or SPS Central Office Use -----

Received by: _____ Date received: _____

Action taken: _____

Parent/guardian notified of:

Outcome of investigation:	Verbally	In writing by (circle one):	Email	Letter
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Right to appeal:	Verbally	In writing by (circle one):	Email	Letter
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Date of parent/guardian notification: _____

* **Principal/Assistant Principal:** Copies of all reports should be forwarded to the Office of Student Civil Rights. MS 33-157