KALAMA SCHOOL DISTRICT Hazing, Harassment, Intimidation or Bullying (HIB) Reporting Form

Reporting	person (optio	nal):					
Targeted s	tudent:						
Your emai	address (opt	ional):					
Your phone number (optional): Today's date:							
Name of se	chool adult yo	ou've already	contacted (if	any):			
Name(s) of	f bullies (if kno	own):					
On what d	ates did the i	ncident(s) ha	ppen:				
Where did	the incident l	happen? Circ	le all that apply	·.			
Classroom	Hallway	Restroom	Playground	Locker room	Lunchroom	Sport field	
Parking lot	School bus	Internet	Cell phone	School activity	Off school property	On the way	to/from school
Other (Plea	se describe.)						
Please che	ck the box th	at best desc	ribes what the	bully did. Please	e choose all that app	ly.	
☐ Putting ☐ Making ☐ Excludi ☐ Making ☐ Spread ☐ Cyber I ☐ Other If you sele Why do yo	the student do rude and/or the gor rejecting the student feing harmful rubullying (bullying to ther, pleasu think the harmstand or the student do the studen	own and making and making the student earful, demand mors or gossing by calling, se describe: arassment, in	ng the student stures ding money, or p texting, emailin	a target of jokes exploiting g, web posting, et	ed?		
ls there an	y additional i	nformation?		es, please descr	ibe.		
				For Office Use			
					Date received: _		
					I Suspension ☐ Comr	•	
		_			ressor's parent/guar		
_				_			
White – Scho	oi Yellow	/ – Reporter	Pink – Distric	t Office	Date		maw10/29/12