

**HARASSMENT, INTIMIDATION, AND BULLYING OF STUDENTS****Incident Reporting Form – Lake Washington School District****Reporting person** (optional): \_\_\_\_\_**Targeted student:** \_\_\_\_\_**Your email address** (optional): \_\_\_\_\_**Your phone number** (optional): \_\_\_\_\_ **Today's date:** \_\_\_\_\_**Name of school adult you have already contacted** (if any):  
\_\_\_\_\_**Name(s) of student(s) exhibiting behavior of concern** (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 student(s) 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
- ☐ Verbal, visual, or physical harassment of a sexual nature
- ☐ Cyber bullying (e.g. bullying by texting, e-mailing, web posting, etc.)
- ☐ Other \_\_\_\_\_

**If you select other, please describe:**  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the incident(s).**

---

---

---

---

---

**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:**

---

---

**Additional information:**

---

---

---

---

----- **For Office Use** -----

**Received by:** \_\_\_\_\_

**Date received:** \_\_\_\_\_

**Investigation completed** \_\_\_\_\_ **Attach written report:** \_\_\_\_\_

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

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

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

**Sent to Compliance Officer:** \_\_\_\_\_

09/15/14