

**Issaquah School District**  
**Prohibition Against Harassment, Intimidation and Bullying**  
**Incident Reporting Form**

**Reporting person** (Optional): \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Targeted student(s):** \_\_\_\_\_

**Your email address** (optional): \_\_\_\_\_

**Your phone number** (optional): \_\_\_\_\_ **Best way to contact:** ☐ phone ☐ email

**Name of school adult you've already contacted** (if any): \_\_\_\_\_

**Name(s) of alleged aggressor** (if known): \_\_\_\_\_

☐ Check if this is the **First Incident**. ☐ Check if this has been **Ongoing**. For how long? \_\_\_\_\_

**On what date(s) 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 ☐ On-line ☐ Cell phone ☐ During a school activity ☐ Off school property  
☐ On the way to/from school ☐ Other (please describe): \_\_\_\_\_

**Please check below all that apply:**

<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, touching, grabbing or throwing something at student	<input type="checkbox"/> Getting another person to hit or harm the student	<input type="checkbox"/> Physical harm or threats
<input type="checkbox"/> Blocked movement	<input type="checkbox"/> Intimidation directed toward me	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Spreading harmful rumors or Gossip	<input type="checkbox"/> Making my environment feel threatening
<input type="checkbox"/> Making the student fearful, demanding money or exploiting	<input type="checkbox"/> Damage to my property	<input type="checkbox"/> Offensive writing or graffiti
<input type="checkbox"/> Pranks	<input type="checkbox"/> Disrespectful comments	<input type="checkbox"/> Derogatory comments
<input type="checkbox"/> Name calling	<input type="checkbox"/> Racial slur(s)	<input type="checkbox"/> Gender slurs
<input type="checkbox"/> Sexual orientation slurs	<input type="checkbox"/> Sexual stories/jokes	<input type="checkbox"/> Cyber bullying (calling, texting, emailing, social media posting, etc.)
<input type="checkbox"/> Repeated behavior	<input type="checkbox"/> Other, Describe: _____	

**Description of incident/situation** (Continue on another page if needed):

Why do you think this 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: \_\_\_\_\_

Was the targeted student absent from school as a result of the incident? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

Are there any notes, pictures, texts, screen shots or other evidence of the event(s) you are reporting?  
☐ Yes ☐ No If yes, please describe (and attach): \_\_\_\_\_

Is there any additional information you can add?

Thank you for reporting.  
Return Incident Reporting Form to the School Principal.

For Internal Use ONLY:																								
Above Report Received By:		Date Received:																						
Interview Conducted By:		Today's Date: Within 2 days of receipt																						
Report being made is:	<input type="checkbox"/> Anonymous <input type="checkbox"/> Confidential <input type="checkbox"/> Non-Confidential																							
Family of Targeted Student(s) Notified	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/Relationship:	Date: Within 2 days of receipt																						
Family of Alleged Aggressor(s) Notified	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ Name/Relationship:	Date: Within 2 days of receipt																						
Compliance Officer Notified:	<input type="checkbox"/> Yes Date: _____ Check one: <input type="checkbox"/> Resolved <input type="checkbox"/> Unresolved																							
Action Taken:																								
Report entered in Skyward (*See directions for entering into Discipline Notes)	<input type="checkbox"/> Yes <table border="1"><thead><tr><th>Code</th><th>Short Description</th><th>Long Description</th></tr></thead><tbody><tr><td>DDIS</td><td>Alleg-Disability</td><td>Allegation Disability</td></tr><tr><td>DGEN</td><td>Alleg-Gender</td><td>Allegation Gender</td></tr><tr><td>DISC</td><td>Discipline</td><td>Discipline</td></tr><tr><td>DRAC</td><td>Alleg-Race</td><td>Allegation Race</td></tr><tr><td>DREL</td><td>Alleg-Religion</td><td>Allegation Religion</td></tr><tr><td>DSO</td><td>Alleg-Sex Orien</td><td>Allegation Sexual Orientation</td></tr></tbody></table> *IF the allegation is not connected to a protected class, enter with DISC code and description write "HIB incident report form".	Code	Short Description	Long Description	DDIS	Alleg-Disability	Allegation Disability	DGEN	Alleg-Gender	Allegation Gender	DISC	Discipline	Discipline	DRAC	Alleg-Race	Allegation Race	DREL	Alleg-Religion	Allegation Religion	DSO	Alleg-Sex Orien	Allegation Sexual Orientation	Date:	
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Paperwork sent to Compliance Officer	<input type="checkbox"/> Yes	Date:																						