Adna School District No. 226
Harassment, Intimidation or Bullying (HIB)
Sexual Harassment, Discrimination
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 alleged aggressor (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 aggressor 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, bullying, sexual harassment or discrimination 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?

___________________________________________________________________________________________

District Compliance Officer, Adna Elementary Principal, Lisa Dallas 748-7029 ph. dallasl@adnaschools.org email

Adna Middle/High School Principal, John Johnson 748-8552 ph. johnsonj@adnaschools.org email

Superintendent, Thad Nelson 748-0362 ph. nelsontj@adnaschools.org email

Mailing Address: PO Box 118, Adna, WA 98522

----------------------------------------------------------------

Received by: ______________________________________________________________________________

Date received: ___________________________________

Action taken: _______________________________________________________________________________

Parent/guardian contacted: ___________________________________________________________________

Circle one: Resolved Unresolved

Referred to: _____________________________________