

**Walla Walla Public Schools
Harassment, Intimidation or Bullying (HIB)
Incident Reporting Form**

Reporting person (optional): _____

Impacted individual(s): _____

Your email address (optional): _____

Your phone number (optional): _____ **Today's date:** _____

Name of school adult you've already contacted (if any): _____

Allegation(s):

Names of those involved:

On what dates did the incident(s) happen (if known):

Where did the incident happen?

Please describe what happened.

Why do you think the alleged harassment, intimidation or bullying 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 individual absent from school/work as a result of the incident? Yes No If yes, please describe

Is there any additional information you would like to share?

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

Received by: _____

Date received: _____

Action taken: _____

Parent/guardian contacted: _____

Check one: Resolved Unresolved

Referred to: _____