

**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:** \_\_\_\_\_