LONGVIEW SCHOOL DISTRICT Hazing, Harassment, Intimidation or Bullying (HIB) Reporting Form

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Targeted student:							
		llies (if known):	ineady contacte	u (II ally)			
On what dates did the incident(s) happen (if known):							
Where	did the	incident happer	n? Circle all that	 apply.			
Classroo		Hallway	Restroom		Locker room	Lunchroom	Sport field
Parking	ot	School bus	Internet	Cell phone	School activity	Off school property	On the way to/from schoo
Other (F	Please d	lescribe.)				-	
Please	check t	he box that bes	t describes wha	t the bully did. Pl	ease choose all th	at apply.	
Why do	Teasing Putting Making Excludi Making Spread Cyber t Other elect of	g, name calling, manthe student down rude and/or threating or rejecting the the student fearfuling harmful rumors bullying (bullying buther, please desink the harassm	and making the stutening gestures student I, demanding mone or gossip y calling, texting, encribe: ment, intimidation	ks or threatening in pudent a target of joke ey or exploiting mailing, web posting,	etc.) urred?		
Did a p	hysical	injury result fro	om this incident?	If yes, please de	escribe.		
Was th	e target	absent from so	hool as a result	of the incident?	Yes No If	yes, please describ)e
Is there	any ad	lditional informa	ation?				
			F	or Office Use			
Receive	ed by: _			Da	te received:		
Action	taken:						
Parent/	guardia	n contacted: _					
Circle o	ne: Re	esolved Unre	solved	Referred to:			