

WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY  
PH: 360.954.3000



WASHOUGAL, WA 98671  
FAX: 360.835.7776

**REPORT OF HARASSMENT or INTIMIDATION or BULLYING FORM**

**BASIC INFORMATION**

Name of Student Who Was Harassed, Intimidated or Bullied: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Principal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this form being filled out by the student named above?  Yes  No

If No, name of person filling out this form on behalf of the student named above: \_\_\_\_\_

Relationship of person filling out this form for the student named above: \_\_\_\_\_

**INFORMATION ABOUT THE INCIDENT:**

Check any that describe the incident:  Bullying  Harassment or Intimidation  Sexual Harassment

Name of individual(s) being reported:

Name(s): \_\_\_\_\_

When and where did the incident happen?

Date: \_\_\_\_\_ Time of Day: \_\_\_\_\_ For about how long: \_\_\_minutes \_\_\_hours

Specific Location: \_\_\_\_\_

What happened? Write a brief summary of the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who else might know something about this incident or what happened?

Name(s): \_\_\_\_\_

Has this incident or something like it ever happened before?  Yes  No

If yes, when did it happen before? Date: \_\_\_\_\_ Location: \_\_\_\_\_

Verification/Signature: This information is true and accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Only

Initial Investigation  
Completed \_\_\_\_\_  
Initial

Resolved and/or  
Single incident

Unresolved, severe, or  
persistent

Copies to: Parent/Guardian  Central Office Compliance Officer