



# Alleged Harassment, Intimidation, or Bullying **Student Complaint Form**

Washington School for the Deaf is committed to providing a harassment/intimidation/bullying-free learning environment for all students.  
(RWC 28A.300.285; WAC 392-190-059)

**Students/Parents:** Return completed form to Principal

Reporting Person (optional): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Targeted Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) of aggressor(s) (if known): \_\_\_\_\_

Name(s) of school adult you have already contacted (if any): \_\_\_\_\_

Date(s) the incident(s) occurred (if known): \_\_\_\_\_

**Where did the incident occur?** Check all that apply.

- |   |                                      |  |   |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Classroom                      | <input type="checkbox"/> Cafeteria   | <input type="checkbox"/> Cottages                  | <input type="checkbox"/> During a school activity |
| <input type="checkbox"/> Hallway                        | <input type="checkbox"/> Sport Field | <input type="checkbox"/> Online/Internet           |   |
| <input type="checkbox"/> Restroom                       | <input type="checkbox"/> Gym         | <input type="checkbox"/> Cell Phone                |   |
| <input type="checkbox"/> Playground                     | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Off School Property       |   |
| <input type="checkbox"/> Locker Room                    | <input type="checkbox"/> School Bus  | <input type="checkbox"/> On the way to/from school |   |
| <input type="checkbox"/> Other: (Please Describe) _____ |                                      |  |   |

**Please check the box that best describes what the aggressor did.** Check all that apply.

If further explanation is needed, please utilize the space on next page.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Sexual Orientation Slur(s)     | <input type="checkbox"/> Put-downs                         | <input type="checkbox"/> Blocked Movement                  | <input type="checkbox"/> Offensive writing/graffiti   |
| <input type="checkbox"/> Racial Slur(s)                 | <input type="checkbox"/> Spreading Rumors                  | <input type="checkbox"/> Hazing (club, team, class, other) | <input type="checkbox"/> Repeated Behavior (Explain)  |
| <input type="checkbox"/> Gender Slur(s)                 | <input type="checkbox"/> Gossip                            | <input type="checkbox"/> Physical harm/threats             | <input type="checkbox"/> Excluding me from activities |
| <input type="checkbox"/> Derogatory Comments            | <input type="checkbox"/> Sexual Stories/Jokes/Pictures     | <input type="checkbox"/> Threats (to me, friends, school)  | <input type="checkbox"/> Gestures (Explain)           |
| <input type="checkbox"/> Disrespectful Comments         | <input type="checkbox"/> Electronic/Texting/Cyber Bullying | <input type="checkbox"/> Touching/Grabbing                 | <input type="checkbox"/> Pranks                       |
| <input type="checkbox"/> Name Calling                   | <input type="checkbox"/> Damage to my property             | <input type="checkbox"/> Intimidation directed at me       |   |
| <input type="checkbox"/> Other: (Please Describe) _____ |  |  |   |

Explanation of what aggressor did (if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think this occurred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where 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: \_\_\_\_\_  
\_\_\_\_\_

Are there any notes, pictures, texts, screenshots, or other evidence of the event(s) you are reporting?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you can add? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for reporting!



