



Central Office Date Stamp

Board Identifier

## **Harassment, Intimidation and/or Bullying (HIB) Reporting Form** **Written Report of Alleged HIB**

**\* Must be submitted to the school principal within two (2) school days of witnessing or receiving reliable information that a student has been subject to harassment, intimidation, or bullying**

**\* RETURN THIS COMPLETED FORM TO THE SCHOOL PRINCIPAL OR ANTI-BULLYING SPECIALIST**

Directions: The Tenafly School District recognizes that harassment, intimidation and bullying are serious offenses that will not be tolerated. If you wish to report an incident of alleged HIB, please complete this form and return it to the school principal and/or designee and/or the school's Anti-Bullying Specialist. If the HIB behavior is an immediate threat to the safety of the target/victim, please call and report this behavior to the principal or local law enforcement as soon as possible.

**Today's Date:** \_\_\_\_\_ **Date of verbal report:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Alleged Victim                    | <input type="checkbox"/> Parent/Guardian of Student (not victim) |
| <input type="checkbox"/> Student                           | <input type="checkbox"/> Teacher                                 |
| <input type="checkbox"/> Parent/Guardian of Alleged Victim | <input type="checkbox"/> Administrator                           |

**Date and Time of Incident:** \_\_\_\_\_

**Alleged victim:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Grade of the alleged Victim:** \_\_\_\_\_ **Age of alleged Victim:** \_\_\_\_\_

**Location where the alleged HIB occurred** *(more than one can be selected):*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Classroom         | <input type="checkbox"/> School Entrance      | <input type="checkbox"/> Bus                         |
| <input type="checkbox"/> Cafeteria         | <input type="checkbox"/> Other-School Grounds | <input type="checkbox"/> Off Site (School Sponsored) |
| <input type="checkbox"/> Corridor          | <input type="checkbox"/> Other-Inside School  | <input type="checkbox"/> Off School Grounds          |
| <input type="checkbox"/> Building Entrance |   |  |

**Mode of the alleged HIB** *(more than one can be selected):*

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Verbal Communication  | <input type="checkbox"/> Electronic Communication | <input type="checkbox"/> Gesture |
| <input type="checkbox"/> Written Communication | <input type="checkbox"/> Physical Act             |                                  |

**Actual or perceived characteristics that motivated HIB:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Race                       | <input type="checkbox"/> Mental, physical or sensory disability | <input type="checkbox"/> Gender             |
| <input type="checkbox"/> Religion                   | <input type="checkbox"/> Ancestry                               | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Color                                  | <input type="checkbox"/> National Origin    |
|   |   | <input type="checkbox"/> Other (specify)    |

**Alleged Offender:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Grade of the alleged Offender:** \_\_\_\_\_ **Age of the alleged Offender:** \_\_\_\_\_

**Relationship to Victim** \_\_\_\_\_

**Statement:**

Please describe the nature of alleged HIB and please include what the alleged offender said or did with as much detail as possible. *(If necessary, continue on a separate sheet of paper)*

**Did a physical injury result from the incident?**  Yes  No

**If yes, please describe the injury and if medical attention was necessary**

*(attach separate pages if necessary):*

**Identify what harm you believe was or may have been caused by the incident.**

*Check all that apply:*

- Substantially disrupts or interferes with the orderly operation of the school;
- Substantially disrupts or interferes with the rights of other students;
  
- A reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property;
- A reasonable person should know, under the circumstances, will have the effect of placing a student in reasonable fear of physical or emotional harm to his person or damage to his property;
- Has the effect of insulting or demeaning any student or group of students;
- Creates a hostile educational environment for the student by interfering with the student's education;
- Creates a hostile educational environment for the student by severely or pervasively causing physical or emotional harm to the student.

*If selected, describe the impact(s):*

**Is there a history of HIB involving the same alleged offender(s) or victim(s)?**

Yes  No  Not Known    **If yes, please describe.** *(attach separate pages if necessary)*

Were there any witnesses?  Yes  No

If yes, please provide their name(s) and summarize any statements provided to you  
(attach separate pages if necessary)

Are there any other individuals who may have relevant information regarding the alleged  
incident?  Yes  No

If yes, please provide their name(s) (attach separate pages if necessary)

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RECEIVED BY PRINCIPAL or ABS: \_\_\_\_\_ DATE: \_\_\_\_\_