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: ____________________________

☐ Alleged Victim
☐ Student
☐ Parent/Guardian of Alleged Victim
☐ Parent/Guardian of Student (not victim)
☐ Teacher
☐ 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):

☐ Classroom
☐ Cafeteria
☐ Corridor
☐ Building Entrance
☐ School Entrance
☐ Other-School Grounds
☐ Other-Inside School
☐ Bus
☐ Off Site (School Sponsored)
☐ Off School Grounds

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

☐ Verbal Communication
☐ Written Communication
☐ Electronic Communication
☐ Physical Act
☐ Gesture

Actual or perceived characteristics that motivated HIB:

☐ Race
☐ Religion
☐ Gender
☐ Identity/Expression
☐ Mental, physical or sensory disability
☐ Ancestry
☐ Color
☐ Gender
☐ Sexual Orientation
☐ National Origin
☐ Other (specify)
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 students 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)

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

RECEIVED BY PRINCIPAL or ABS: ____________________________ DATE: ___/___/20___