

ALLOWAY TOWNSHIP SCHOOL
Alleged HIB Reporting Form

Date of this report: _____

Person Reporting Incident: _____
_____ Check if you wish to remain anonymous (Not applicable to staff).

Relationship to School Community:
____ Student ____ Staff member ____ Parent/Guardian ____ Volunteer
____ Community Member ____ Other: _____

Indicate how you learned about the alleged incident:
____ Witnessed Alleged Incident ____ Informed by Alleged Victim
____ Informed by Other Person
(If so, identify if student, parent, employee, or volunteer): _____

Date(s) and Time of alleged incident: _____

Where did the alleged incident occur? Be specific _____

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

- ____ Race ____ Color ____ Religion ____ Ancestry
- ____ National Origin ____ Gender ____ Sexual Orientation
- ____ Gender Identity and Expression ____ Mental, Physical, or Sensory Disability
- ____ Other Distinguishing Characteristic(s): _____

Have you talked to anyone about this already (student, teacher, other adult)?
Circle one: YES NO
If YES, name of person(s) _____
Date _____

Under New Jersey law, “harassment, intimidation, or bullying” means any gesture, any written, verbal or physical act or any electronic communication, whether it is a single incident or a series of incidents, that is:

- a. Reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or
- b. By any other distinguishing characteristic; and that
- c. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3, that substantially disrupts or interferes with the orderly operation of the school or the rights of other pupils; and that
- d. A reasonable person should know under the circumstances will have the effect of physically or emotionally harming a pupil or damaging the pupil’s property, or placing a pupil in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or
- e. Has the effect of insulting or demeaning any pupil or group of pupils; or
- f. Creates a hostile educational environment for the pupil by interfering with a pupil’s education or by severely or pervasively causing physical or emotional harm to the pupil.

Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:

- 1. _____ Grade _____
- 2. _____ Grade _____
- 3. _____ Grade _____

Student(s) Alleged to be the Target:

- 1. _____ Grade _____
- 2. _____ Grade _____

Please place an "X" next to the statement(s) that best describes the behavior reported:

- | | |
|---|--|
| <input type="checkbox"/> physical aggression or contact to a pupil | <input type="checkbox"/> destruction of property |
| <input type="checkbox"/> teasing or name-calling | <input type="checkbox"/> stalking another pupil |
| <input type="checkbox"/> insulting or demeaning comments | <input type="checkbox"/> publicly humiliating a pupil |
| <input type="checkbox"/> threatening comments, gestures or physical acts | <input type="checkbox"/> stealing or theft |
| <input type="checkbox"/> intimidating conduct toward another pupil | <input type="checkbox"/> defacing/destroying property |
| <input type="checkbox"/> spreading harmful rumors or gossip about a pupil | <input type="checkbox"/> excluding or rejecting a pupil |
| <input type="checkbox"/> getting another person to harm a pupil | <input type="checkbox"/> extorting or exploiting a pupil |
| <input type="checkbox"/> harassment, intimidation or bullying through electronic communications | |
| <input type="checkbox"/> other – please specify _____ | |

Describe the incident that you saw and heard? (Be specific) _____

Is there any other information regarding this situation that you want to share? (Explain) _____

Who else may have observed/witnessed the incident? (Be as specific as possible)

Name of Witness 1. _____

Activity/location of Witness (1) during incident: _____

Name of Witness 2. _____

Activity/location of Witness (2) during incident: _____

Name of Witness 3. _____

Activity/location of Witness (3) during incident: _____

Please attach any documentation that is applicable to the incident (e.g., copy of harassing email, Facebook transcript, etc.).

I certify the information contained in this Report is accurate and true to the best of my knowledge.

Signature of Person Making Report

Position (staff/parent/student/etc.)

Date

Signature of Principal

Date