

PAULSBORO PUBLIC SCHOOLS

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Harassment, Intimidation, or Bullying (HIB) Reporting Packet Paulsboro Public Schools Personnel Form

The following packet should be referenced and utilized whenever any allegations of an HIB incident have been made / observed. When there is sufficient evidence to warrant an investigation, it is mandatory that this packet be completed as a record of that investigation.

Who reports HIB? Anyone who witnesses, hears, or has knowledge of a HIB incident.

To whom do you report HIB? Building principal, any administrator, or any Anti-Bullying Specialist listed below:

Billingsport School

Principal:	Mildred Tolbert	mtolbert@paulsboro.k12.nj.us
Anti-Bullying Specialist:	Charisse Generette	cgeneret@paulsboro.k12.nj.us

Loudenslager School

Principal:	Matthew Browne	mbrowne@paulsboro.k12.nj.us
Anti-Bullying Specialist:	Angela Brown	abraddur@paulsboro.k12.nj.us

Paulsboro Junior / Senior High School

Principal:	Paul Morina	pmorina@paulsboro.k12.nj.us
Anti-Bullying Specialist	Melba Moore Suggs	mmooresu@paulsboro.k12.nj.us

<u>District Anti-Bullying Coordinator:</u>	John Giovannitti	jgiovann@paulsboro.k12.nj.us
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The definition of HIB as indicated in the Anti-Bullying Bill of Rights is as follows:

HIB means any intentional gesture, any written, verbal, or physical act, or any electronic communication, whether it be a single incident or series of incidents, **that:**

- Is reasonably perceived as being motivated by 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 by any other distinguishing characteristic **that;**
- Takes place on school property, at any school-sponsored function, or off school grounds as provided in section 16 of P.L. 2010, c 122 **that;**
- Substantially disrupts or interferes with the orderly operation of the school or the rights of other students, **that;**
- 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, or placing a student in reasonable fear of physical or emotional harm to his person or damage to his property **or;**
- Has the effect of insulting or demeaning any student or group of students **or;**

- Creates a hostile educational environment for the student by interfering with a student's education or by severely or pervasively causing physical or emotional harm to the student

Part 1: Reporting of an HIB Incident

A. Verbal report of HIB Incident to Principal, Administrator, or Anti-Bullying Specialist

Person reporting: _____ Date: _____ Time: _____
 Report given to: _____

Signature of Receipt: _____

B. Written report of HIB Incident to be submitted to Building-Level Principal

(Within 2 school days of verbal report.)

Today's Date: _____

Target Student Attends: Billingsport _____ Loudenslager _____ Paulsboro High School _____

1) Name of Reporter/Person Filing the Report: _____

(Reports may be made anonymously, but no disciplinary action will be taken against the aggressor solely on the basis of an anonymous report)

Phone Number: _____ Email: _____

Cell Number: _____ Work Number: _____

2) Check whether you are the: _____ Target of the Behavior _____ Reporter

3) Check whether you are: _____ Student _____ Parent _____ Other (specify): _____
 _____ Administrator _____ Staff Member (Role and School) _____

C. Principal notifies parents of involved students (Principal Use Only)

Target's parent/guardian: _____ Date: _____ Time: _____

Target's parent/guardian: _____ Date: _____ Time: _____

Target's parent/guardian: _____ Date: _____ Time: _____

Aggressor _____ Date: _____ Time: _____

Aggressor's parent/guardian: _____ Date: _____ Time: _____

4) *Information about the Incident(s):*

Name of Target: _____ Grade: _____

Name(s) of Aggressor(s): _____ Grade: _____

Name(s) of Aggressor(s): _____ Grade: _____

Name(s) of Aggressor(s): _____ Grade: _____

Date(s) of Incident(s): _____ Time(s) of Day: _____

Location(s) of Incident(s) (be specific):

5) *Witnesses (List people who saw the incident or have information about it):*

Name: _____ Student _____ Staff _____ Other: _____

Name: _____ Student _____ Staff _____ Other: _____

Name: _____ Student _____ Staff _____ Other: _____

Name: _____ Student _____ Staff _____ Other: _____

Name: _____ Student _____ Staff _____ Other: _____

6) *Incident(s) Description:*

Place an X next to each and all areas below that best describe what happened and use the space below these to provide further details if necessary including the specific actions of the parties with names of who did and said what:

- _____ Hitting, shoving or pushing
- _____ Getting another person to hit or harm the student
- _____ Making rude or threatening gestures
- _____ Teasing, name calling, criticizing, or threatening in person or by other means
- _____ Excluding or rejecting the target
- _____ Electronic Communication (specify) _____
- _____ Other (specify) _____

7) *Signature of Person Filing this Report:*

_____ Date: _____ Time: _____
(Reports may be filed anonymously.)

8) *Receiving Principal or Anti-Bullying Specialist Signature:*

_____ Date: _____ Time: _____

PART 2: INVESTIGATION OF THE INCIDENT: (Anti-Bullying Specialist Use Only)

(This report and investigation findings must be submitted to the principal within 10 school days from the date of the written report of the alleged incident.)

1) Investigator(s) Anti Bullying Specialist: _____
District Anti Bullying Coordinator: _____

2) Interviews: See Attached.

Interviewed Target: Name: _____ Date: _____

Interviewed Aggressor(s): Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Interviewed Witness (es):

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

3) Summary of Investigation: *(Factual findings of Anti Bullying Specialist)*

4) Finding of Harassment, Intimidation or Bullying and/or Retaliation: (check all that apply)

____ No ____ Yes (HIB) ____ Yes (Retaliation)

5) Did a physical injury result from this incident? ____ No ____ Yes

If yes, did it require medical attention? ____ No ____ Yes

6) Was the student absent from school as a result of the incident? ____ No ____ Yes

If yes, how many days? _____

7) Did a psychological injury result from this incident? *(Place an X next to one of the following.)*

____ No ____ Yes (no sought psychological services) ____ YES (psychological services sought)

8) Signature of Investigator: _____ Date: _____ Time: _____

9) Submitted to Building-Level Principal:

Signature of Receipt: _____ Date: _____ Time: _____

PART 3: Principal Report to Superintendent and HIB Coordinator (Principal Use Only)

Corrective Actions Imposed: (choose all that apply)

- None were required, false allegation
- None, the incident did not warrant any corrective action
- Admonishment
- Temporary removal from cite of incident
- Deprivation of privileges Specify: _____
- Detention Type of: _____
- In-School Suspension Number of Days: _____
- Out-of-School Suspension Number of Days: _____
- Referred to Law Enforcement
- Other - _____
- Other - _____

Remedial Measures - Personal: (choose all that apply)

- Parent Conference Date: _____ Time: _____
- Restitution and/or Restoration
- Peer Support Group
- I&RS Referral
- Counseling Type
- Schedule Change
- Alternative placement
- After School Counseling

Remedial Measures - Environmental: (choose all that apply)

- Schedule Change
- Increased supervision of pupil before and after school
- Aide Support
- Educational Presentations
- Professional Development for certified/non-certified staff
- Disciplinary action for involved staff who contributed to the HIB incident
- Involvement of PTA Organization
- Involvement of Community-Based Organizations
- Involvement of School Resource Officer
- Outside Agencies –

Please note any other pertinent information in the space below:

Signature of Principal: _____ Date: _____ Time: _____

(The Principal must submit this report to the Superintendent / District HIB Coordinator within 2 school days from the completion of the investigation.)

Superintendent - Date: _____ District HIB Coordinator - Date: _____

PART 4: Superintendent Actions (Superintendent Use Only)

Next BOE Meeting	BOE Decision	-BOE issues a written decision affirming, rejecting, modifying the Superintendent's decision; -Must occur at next BOE Meeting following the meeting which the BOE received the Report from the Superintendent
90 Calendar Days	Appeal	-BOE's decision may be appealed to the Commissioner of Education within 90 calendar days
180 Calendar Days	Civil Rights Complaint	-Parent/Guardian may file a complaint with the NJ Division on Civil Rights within 180 calendar days of incident, or in a state or federal court if HIB is based upon a characteristic protected under the state or federal law.
	ECS Investigation	Executive County Superintendent shall investigate a complaint of a violation by a school district when the complaint is not adequately addressed on the local level