

Ventnor Schools
Harassment, Intimidation, & Bullying (HIB)
Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and **NOT** be placed in cumulative file.

Ventnor Public Schools is committed to providing a safe environment to all members of our community. Despite our best intentions, incidents between students do occur at times. If you wish to report a disturbing incident between two or more students, complete this form and return it to the Principal at the student's school. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. Every reported act of bullying will be investigated. Parents of aggressors and targets will be contacted in cases.

Name of Student target:	Grade
Name(s) of alleged aggressor (if known):	Grade
Name of witnesses(es) (if known):	
Where did the incident(s) happen (choose all that apply)? <input type="checkbox"/> Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom/ Library <input type="checkbox"/> Locker room <input type="checkbox"/> Recess <input type="checkbox"/> Cafeteria <input type="checkbox"/> At a school sponsored activity or event off school property <input type="checkbox"/> Online/via technology <input type="checkbox"/> Text message <input type="checkbox"/> Gym <input type="checkbox"/> On a school bus <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Other: _____	
What best describes what happened (choose all that apply): <input type="checkbox"/> embarrassing teasing <input type="checkbox"/> slapping/fighting <input type="checkbox"/> hurtful graffiti <input type="checkbox"/> sending notes <input type="checkbox"/> stalking <input type="checkbox"/> tripping/kicking <input type="checkbox"/> spreading rumors <input type="checkbox"/> threats <input type="checkbox"/> hurtful name calling <input type="checkbox"/> socially excluding <input type="checkbox"/> teasing <input type="checkbox"/> other: _____	
What did the alleged aggressor(s) say or do? (Include dates. Attach a separate sheet if necessary)	
Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention	
Is there any additional information you would like to provide? (Attach a separate sheet if necessary)	
Name Of Person Reporting Incident (Optional)**: Telephone (optional) _____ E-mail (optional): _____ Place an X in the appropriate box: <input type="checkbox"/> Student <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Teacher/Staff (required within 2 days of witnessing incident) <input type="checkbox"/> Other Person Reporting Signature: _____ Date: _____	
FOR OFFICE USE ONLY PRINCIPAL/ ABS SIGNATURE (upon receipt of form): _____ (Principal Notified verbally today/ writing 2 days) DATE: _____ <input type="checkbox"/> Victims' Parents called (date) _____ <input type="checkbox"/> Aggressor's parents called (date) _____ Give to Anti- Bullying Coordinator when completed within 1 school day of receipt- Investigation must be completed by: ____ (10 day after report taken)	

**According to Board Policy 5131.1(P) " no formal disciplinary action shall be based solely on an anonymous report . "

Form can be e-mailed to District ABS- apalella@veccnj.org