

HIB REPORTING FORM

(electronic form)

Fairfield Township School

353 Gouldtown-Woodruff Road

Bridgeton, NJ 08032

856-453-1882

Please complete a separate form for each alleged offender and alleged target named.
If all information is the same for all individuals' names except for their names, simply copy this form into another document and replace alleged offender/target names in appropriate boxes.

Date of Report:

Person reporting this incident (print): _____

Person reporting this incident (signature): _____

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

Was an office discipline referral completed for this incident? (Please attach copy)

Yes

No

Unknown / na

Was this incident reported verbally to school administrator?

Yes

No

Unknown / na

Reporter's position or role:

Staff

Student

Parent

Other: _____

I became aware of this incident by:

personally witnessing the incident

a report from the alleged victim

a report from another person
(please provide person's name): _____

Location of incident being reported:

Day/Date of Incident: _____

Approximate Time of Incident (am/pm?): _____

School Property - During School Day (specifically where?): _____

School Property - School- Sponsored Event (specifically where?): _____

School Property - Non-Supervised Hours (specifically where?): _____

Off-School Grounds (specifically where?): _____

School Bus

Electronic Communication (Please indicate Internet/Cell Phone/Digital Media/ other?): _____

Alleged

Offender Name: _____

Age: _____

Any previous reports as HIB:

Offender

Target

Alleged

Target Name: _____

Age: _____

Any previous reports as HIB:

Offender

Target

What do you perceive as to be the motivational factors in this incident? (Please check all that you believe apply):

Race

Color

Mental, Physical &/or Sensory Disability

Ancestry

Gender

Sexual Orientation

Gender Identity & Expression

Religion

Other (please describe): _____

What HIB behavior &/or harm do you believe the target was subjected due to this incident?

(please check all that you believe apply; you may underline, circle, or highlight the specific behavior if appropriate):

Hostile Educational Environment Created for Target

Disruption to Education for Target

Substantial Disruption/Interference with Orderly Operation of School & Rights of Others

Physical Harm (Physical Bullying - pushing, hitting, shoving, scratching, tripping, assaulting, biting, weapon assault, extortion, threatening gestures, vandalism, theft, threatening to harm (trying to scare or intimidate) verbally, electronically or through gestures, etc.)

Emotional Harm (Emotional Bullying - name calling, insulting comments, graffiti, or gestures, teasing about personal issues, dirty looks, harassing notes/messages, etc.) exclusion, public humiliation, defacing personal property, etc.)

Emotional Harm (Social Bullying - gossiping, spreading rumors, teasing publicly, teasing @ appearance, ostracizing, verbal or written slander, playing mean tricks upon, excluding & forcing group exclusion upon, publicly humiliating or arranging for such, etc.)

Emotional Harm (Cyber Bullying - text/Internet/instant message threats, defamatory web posts, derogatory emails, etc.)

Please describe alleged HIB incident. Attach any written student reports, electronic screenshots, artifacts, etc. Make best effort to remain brief, but include all critical information necessary to make HIB determination. (box will expand as you type)
(i.e Specific words, or gestures, known conditions possibly leading to incident, etc.) **Check here if you are attaching additional sheets**

Are there any other individuals whom you believe witnessed or may have relevant information or knowledge about the incident or related events? If so, please list in box below. (box will expand as you type)
(List first then last name followed by position. Ex: John Doe – Teacher)

Discipline assigned by school administration to date of this report being completed (if known). (box will expand as you type)

HIB (HARASSMENT, INTIMIDATION, 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 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 by any other distinguishing characteristic.
- Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds,
- Substantially disrupts or interferes with the orderly operation of the school or the rights of other students **AND** 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/her person or damage to his/her 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	• Severely or pervasively causes physical or emotional harm to the student
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Reporter Stop Here Reporter

Office Use

STEPS REQUIRED FOR HIB REPORTING – INVESTIGATION - DETERMINATION

STEP COMPLETE <i>(check-off)</i>	DATE <i>(reporter to fill-in)</i>	DAY	STEPS	COMPLETED / COMFIRMED BY: <i>(initials)</i>
		1	Incident verbally reported to Principal	
		3	This form completed and submitted to Principal	
			Principal contacts all parents/ guardians	
		4	Principal or designee <i>(e.g. Anti-Bullying Specialist)</i> initiates investigation	
		13	Investigation complete	
		14	Investigation results submitted to Principal <i>(copies of this form to be filed in Bullying Specialist's & student files)</i>	
		15	Investigation results to Superintendent	
		Next BOE Mtg.	Investigation results to Board of Education	
		5 <i>(after BOE Mtg.)</i>	Superintendent notifies parents of students involved of HIB investigation <i>(copies of this form to be filed in Bullying Specialist's & student file)</i>	
		6-16	Parents may make request to have a hearing with BOE to appeal HIB determination	
		Next BOE Mtg.	Hearing held with BOE if applicable	
		90 <i>(after BOE Mtg.)</i>	Parents may appeal BOE HIB determination with Commissioner of Education	
		180 <i>(from original incident date)</i>	Parents may file complaint with Division of Civil Rights	

INVESTIGATION FINDINGS -

The actions of the student named as Alleged Offender in this report have been determined to be:

- INTENTIONAL W/ HATE SPEECH - INTENDED TO HARASS, INTIMIDATE, OR BULLY** *(intentional, knowing participation in racist, homophobic, or other stereotyping behavior with specific intent to Harass, Intimidate, and/or Bully target) .*
- INTENTIONAL W/OUT HATE SPEECH - INTENDED TO HARASS, INTIMIDATE OR BULLY** *(intentional, knowing participation in behavior with specific intent to Harass, Intimidate, and/or Bully target)*
- INTENTIONAL, BUT NOT INTENDED TO HARASS, INTIMIDATE OR BULLY** *(unintentional, unknowing participation in Harassing, Intimidating, And / or Bullying behavior without awareness of its potential negative impact on target.)*
- UNRELATED** *(behavior intended for "showing off" with friends / reacting to a personal / emotional situation; target arbitrarily / impulsively targeted)*
- SELF-DEFENSE / RETALIATORY** *(participation in Harassing, Intimidating, and/or Bullying behavior in direct response to a real or imagined threat initiated by target)*
- NORMAL CONFLICT** *(participation in behavior considered inappropriate, rude, disrespectful, or unkind, but not in violation of HIB guidelines)*

RATIONALE FOR ABOVE DETERMINATION: *(box will expand as you type)*

ADDITIONAL DISCIPLINE/ACTIONS ASSIGNED BASED ON HIB DETERMINATION

(if applicable; box will expand as you type)

THE INCIDENT DESCRIBED IN THIS REPORT HAS BEEN DETERMINED TO BE:

CONFIRMED BULLYING - The incident described in this report has been **determined TO BE an act of HIB** as defined in N.J.S.A. 18A:37-14.

A NON-BULLYING INCIDENT - The incident described in this report has been **determined NOT TO BE an act of HIB** as defined in N.J.S.A. 18A:37-14.

PERSON WHO INVESTIGATED THIS INCIDENT

Print Name

Signature

Authorized HIB Position

Date