

HIB REPORTING FORM (electronic form)

Hamilton Township Public Schools

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: _____

Joseph Shaner Elementary School

Hess Educational Complex

William Davies Middle School

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
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Was this incident reported verbally to school administrator on the same day as witnessing or receiving report of the information?

	Yes		No
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Reporter's position or role:

Staff
 Student
 Parent
 Other: _____

I became aware of this incident by:

Personally witnessing the incident
 Informed by the alleged victim
 Informed by 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?): _____

Name of Victim(s)	Age	Grade	Gender	Race	School

Name of Offenders(s)	Age	Grade	Gender	Race	School

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

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Mental, Physical &/or Sensory Disability	<input type="checkbox"/> Ancestry
<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity & Expression	<input type="checkbox"/> Religion
<input type="checkbox"/> Other <i>(please describe):</i> _____			

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):

<input type="checkbox"/> Created a Hostile Educational Environment for Target	<input type="checkbox"/> Disrupted the Education of the Target	<input type="checkbox"/> Substantial Disruption/Interference with Orderly Operation of School & Rights of Others
<input type="checkbox"/> Physical Harm <i>(For example: 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.)</i>	<input type="checkbox"/> Emotional Harm <i>(For example: name calling, insulting comments, graffiti, or gestures, teasing, dirty looks, harassing notes/messages, social exclusion, public humiliation, defacing personal property, gossiping, spreading rumors, ostracizing, verbal or written slander, etc.)</i>	

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)

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

OFFICE USE ONLY — ANTIBULLYING SPECIALIST, ANTIBULLYING COORDINATOR, AND/OR PRINCIPAL

8. Consequence issued to offender(s):

9. Services provided to victim:

10. Services provided to offender:

11. Is there any additional information you would like to provide?

INVESTIGATION FINDINGS: *(box will expand as you type)*

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

CONFIRMED HIB - 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.

NOT CONFIRMED- The incident described in this report does not meet the criteria / definition of HIB as defined in N.J.S.A. 18A:37-14.

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

PERSON WHO INVESTIGATED THIS INCIDENT

_____ **Print Name**

_____ **Signature**

_____ **HIB Position**

_____ **Date**

ADDITIONAL DISCIPLINE/ACTIONS ASSIGNED BASED ON HIB DETERMINATION

As determined by building principal, superintendent, and/or BOE (if applicable; box will expand as you type)

Revised 6/17

_____ Date ____/____/____
Signature

_____ Date ____/____/____
Building Principal's Signature

Incident number _____