

Downe Township School Universal HIB Reporting Form	Incident #: _____ (to be assigned by HIBster)
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SECTION A

HIB Policy Statement: The Board prohibits acts of harassment, intimidation, or bullying of a pupil. A safe and civil environment is necessary for pupils to learn and achieve high academic standards. Harassment, intimidation, or bullying, like other disruptive or violent behaviors, is conduct that disrupts both a pupil’s ability to learn and a school’s ability to educate its pupils in a safe and disciplined environment. Therefore, the school district will not tolerate acts of harassment, intimidation or bullying.

HIB Definition: Harassment, intimidation, or bullying means any gesture, any written, verbal or physical act, or any electronic communication, as defined in N.J.S.A. 18A:37-14, whether it be a single incident or series of incidents, that:

1. 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
2. By any other distinguishing characteristic, and that
3. Takes place on school property, at any school-sponsored function, or off school grounds as provided for in section P.L. 2010, c122, substantially disrupts or interferes with the orderly operation of the school or the rights of other students.
4. 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;
5. Has the effect of insulting or demeaning any student or group of students; or
6. 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.

Electronic communication means a communication transmitted by an electronic device, including but not limited to: a telephone, cellular phone, computer, or pager.

Directions: Harassment, intimidation, or bullying (HIB) incidents are serious and will not be tolerated. If you are a student victim, the parent/guardian of a student victim, a close relative of a student victim, staff member, volunteer, visitor, or service provider and wish to report an alleged harassment, intimidation and bullying (HIB), complete HIB Reporting Form and return it to the school principal. Anonymous reports will also be investigated. Contact the school for additional information or assistance at any time.

As defined in N.J.S.A. 6A:16-7.7(a)2iX(1), the principal in consultation with the ABS can make an initial determination as to whether reported incident is an act of HIB. In making determination, the principal must assume all allegations are true. The parent may appeal the decision not to initiate an investigation to the Board of Education.

District Anti-Bullying Coordinator: Mrs. Sherri Miller (856) 447-4673 smiller@downeschool.org
School Anti-Bullying Specialist: Mrs. Rachel Howgate (856) 447-4673 rhowgate@downeschool.org

SECTION B

Date of this report: _____

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Person Reporting Incident: Name: _____ School/Location: _____

Check if you wish to remain anonymous.

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 Target;
 Informed by Other Person (If so, identify if student, parent, employee, or volunteer): _____

Date and Time of alleged incident: _____

Where did the alleged incident occur? Be specific: _____

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

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:

- A. 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;
- B. 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;
- C. Substantially disrupts or interferes with the orderly operation of the school or the rights of other students; and that
 - 1. A reasonable person should know under the circumstances, that the acts 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
 - 2. Has the effect of insulting or demeaning any student or group of students; or
 - 3. 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.

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

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

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Student(s) Alleged to be the Target of HIB Behavior:

1. _____ 2. _____ 3. _____

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

Verbal

- ___ Name calling
- ___ Taunting/ridiculing
- ___ Mocking
- ___ Making offensive comments
- ___ Teasing
- ___ Demeaning comments

Physical

- ___ Kicking
- ___ Hitting/punching
- ___ Pushing
- ___ Pinching
- ___ Stalking
- ___ Inappropriate touching

Emotional

- ___ Offensive graffiti
- ___ Excluding from group
- ___ Spreading rumors
- ___ Taking possessions/money
- ___ Being forced to do something against his/her will

Electronic Aggression (Cyberbullying)

- ___ Offensive text messages
- ___ Offensive emails
- ___ Sending degrading images
- ___ Posting rumors or lies about someone
- ___ Assuming a person's electronic identity with the intent of causing harm

Other

___ (Please state): _____

Describe the incident. (Be specific) _____

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

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Appearance | <input type="checkbox"/> Disability | <input type="checkbox"/> Home circumstances | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity
& Expression | <input type="checkbox"/> Race/ethnic origin | Orientation |
| <input type="checkbox"/> Other Distinguishing Characteristic(s): _____ | | | |
| <input type="checkbox"/> Not Applicable | | | |

Identify what harm you believe was or may have been caused by the alleged incident. Check all that may apply:

- Substantial disruption or interference with orderly operation of the school;
- Substantial disruption or interference with rights of others;
- Physical or emotional harm;
- Insulting or demeaning;
- Creates a hostile educational environment;
- Interferes with student's education;
- Other (Please elaborate): _____

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: _____

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Name of Witness 2: _____

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

Name of Witness 3: _____

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

Did you file a verbal report with the Principal or designee on the same day of witnessing or receiving reliable information regarding behavior being reported?

Yes, Name of Person _____ Date _____

No

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

 Signature of Person Making Report
 (if anonymous, please place an X on signature line)

 Position (staff member/parent/pupil/etc.)

 Date

 Name of Person Receiving Report

 Title

 Date