

BRADLEY BEACH ELEMENTARY SCHOOL
515 BRINLEY AVENUE
BRADLEY BEACH, NEW JERSEY 07720
TELEPHONE: (732) 775-4413
FAX: (732) 775-2463 or (732) 775-2759

HIB REPORT FORM

Person Reporting Incident: _____ Report # _____
Name: _____
 __ Student __ Staff __ Parent/Guardian __ Other School/Location: _____

Date of alleged incident: _____ Where did the alleged incident occur: _____

Under New Jersey law, "harassment, intimidation, or bullying" (HIB) means any gesture, any written, verbal, or physical act, or any electronic communication, whether it be a single incident or series of incidents that:

meets all of the following:

- 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 by any other distinguishing characteristics,
- 2) Takes place on school property, at any school sponsored function or off school grounds as provided for in section 16 of P.L. 2010,c 122,
- 3) Substantially disrupts or interferes with the orderly operation of the school or the rights of other students, and that:

and meets **one** of the following:

- a. 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;
 - b. Has the effect of insulting or demeaning any student or group of students; or
 - c. 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
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Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____

Student(s) Alleged to be the Target of Harassment, Intimidation or Bullying (HIB) Behavior:

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____

A. Please place a "X" next to the statement(s) that best describes the behavior reported:

- | | |
|---|--|
| <input type="checkbox"/> physical aggression or contact to a pupil | <input type="checkbox"/> destruction of property |
| <input type="checkbox"/> teasing or name-calling | <input type="checkbox"/> stalking another pupil |
| <input type="checkbox"/> insulting or demeaning comments | <input type="checkbox"/> publicly humiliating a pupil |
| <input type="checkbox"/> threatening comment, gestures or physical acts | <input type="checkbox"/> stealing or theft |
| <input type="checkbox"/> intimidating conduct toward another pupil | <input type="checkbox"/> defacing/destroying property |
| <input type="checkbox"/> spreading harmful rumors or gossip about a pupil | <input type="checkbox"/> excluding or rejecting a pupil |
| <input type="checkbox"/> getting another person to harm a pupil | <input type="checkbox"/> extorting or exploiting a pupil |
| <input type="checkbox"/> harassment, intimidation or bullying through electronic communications | |
| <input type="checkbox"/> other – please specify: _____ | |

B. Please describe below the details of the incident you are reporting:

Use additional paper and attach if necessary.

C. Please list below the name(s) of any person(s) or pupil(s) you believe either witnessed or have knowledge of the incident you are reporting:

<u>Name:</u>	<u>Work/Location/School/Grade:</u>	<u>Witness:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Use additional paper and attach if necessary.

D. 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 no

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

Signature of Person Making Report

Position (staff/student/parent)

Date

Signature of Person Receiving Report

Position (staff/student/parent)

Date