

**Bordentown Regional School District**  
**Harassment/Intimidation/Bullying (HIB) Reporting Form**  
**CONFIDENTIAL**

**Directions:** Bullying, harassment, or intimidation (HIB) are serious and will not be tolerated. This form can be completed by the student who is the target of alleged HIB acts, the parent/guardian of the student, staff members, community members or other students who may witness the alleged HIB acts.

HIB means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is:

- Motivated either by an actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, psychical or sensory disability, or by any other distinguishing characteristic; and that
- Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds that substantially disrupts or interferes with the orderly operation of the school or the rights of other students; and that
- A reasonable person should know that the act will have the effect of physically/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
- 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 by severely or pervasively causing physical or emotional harm to the student.

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_CBS \_\_PMES \_\_MIS \_\_BRMS \_\_BRHS

Person Reporting Incident: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_Student \_\_Student (witness/bystander) \_\_Parent/Guardian \_\_Community member  
 \_\_School staff member

1. Name to Student (Target of HIB acts): \_\_\_\_\_ Age: \_\_\_\_\_

2. Name(s) of alleged offender(s), if known	Age	School, if known	Is he/she a student?
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO

3. On what date(s) did the incident happen? \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/Day/Year Mo/Day/Year Mo/Day/Year

4. Where did the incident happen (choose all that apply)?  
 On school property  At a school-sponsored activity or event off school property  On a school bus  
 On the way to/from school  Off school property  Electronic communication (e.g. phone/text/computer)

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5. Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Any bullying, harassment, or intimidation that involves physical aggression
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the victim of jokes
- Excluding or rejecting the student
- Spreading harmful rumors or gossip
- Making rude and/or threatening gestures
- Intimidating (bullying), extorting, or exploiting
- Electronic communications (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

6. What did the alleged offender(s) say or do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Why did the bullying, harassment or intimidation occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Did a physical injury result from this incident? (Check one)

- No
- Yes, but it did not require medical attention
- Yes and it required medical attention

9. If there was a physical injury, do you think there will be permanent effects?  Yes  No

10. Was the student who was the target of these acts absent from school as a result?  Yes  No

11. Did a psychological injury result from this incident? (Check one)

- No
- Yes, but psychological services have not been sought
- Yes and psychological services have been sought

12. Is there any additional information you would like to provide? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*