Washington Township Public Schools Incident #: (to be assigned by HIBster) Alleged HIB Report Form (Form A) Date of this report:_____ Person Reporting Incident: Name: ____ ___ Check if you wish to remain anonymous. Relationship to School Community ___ Staff Member ___ Parent/Guardian ___ Volunteer ___ Other: ____ ___ Student ___Community Member Indicate how you learned about the alleged incident: ____Informed by Alleged Target; Witnessed Alleged Incident; 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: Is reasonably perceived as being motivated by either any actual or perceived characteristic, such as A. 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 B. 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: 2. 3.

4. ______ 5. ____ 6. ____

Washington Township Public Schools Incident #: (to be assigned by HIBster) Alleged HIB Report Form (Form A) 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 **Physical** Name calling Kicking Taunting/ridiculing Hitting/punching Mocking Pushing Making offensive comments Pinching Teasing Stalking Demeaning comments Inappropriate touching **Electronic Aggression (Cyberbullying) Emotional** Offensive graffiti Offensive text messages Excluding from group Offensive emails Spreading rumors Sending degrading images Taking possessions/money Posting rumors or lies about someone Being forced to do something Assuming a person's electronic identity with against his/her will the intent of causing harm **Other** ____(Please state): Describe the incident. (Be specific) Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident: ___Disability ____ Religion ___ Appearance ___Home circumstances ___Gender ___ Sexual ___Medical condition ___ Ancestry ___Gender Identity ___Race/ethnic origin Orientation ___ Color & Expression ___ Other Distinguishing Characteristic(s):_____

Washington Township Public Schools Alleged HIB Report Form (Form A) Incident #:_____ (to be assigned by HIBster)

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:
Activity/location of witness (1) during metacht.
Name of Witness 2:
Activity/location of Witness (2) during incident:
Name of Witness 3:
Activity/location of Witness (3) during incident:

Washington Township Public Schools Alleged HIB Report Form (Form A) Incident #:______ (to be assigned by HIBster)

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 re	eport is accurate and true to the best of m	y 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	