



**WEST ORANGE PUBLIC SCHOOLS**  
*HARASSMENT, INTIMIDATION AND BULLYING*

## Harassment, Intimidation, Bullying (HIB) Determination Form (Confidential)

**Directions:** Harassment, Intimidation & Bullying are serious offenses and will not be tolerated. This form is to report an alleged incident that occurred on school property, at a school sponsored event or activity, off of school property, or on a school bus. Please complete this form and return to the School Principal or Anti-Bullying Specialist, even after you have verbally reported that incident. You may report anonymously. Please contact your school's office for additional information or assistance. **Please Return to School Principal or Anti-Bullying Specialist.**

*(a separate investigation report form is required for EACH targeted pupil)*

<b>Name/Contact of Reporter:</b>		<b>Date:</b>	
<b>Signature of Reporter:</b>		<b>Person reporting incident:</b> _____ Student _____ Staff Member _____ Parent/Guardian _____ Volunteer _____ Other _____	
<b>Name of Targeted Pupil:</b>		<b>Date &amp; Location of Incident:</b>	
<b>Name of Student(s)/Person(s) Accused of HIB Behavior:</b>			
<b>Mark <u>ALL</u> boxes below in which the actual or perceived characteristic was or may have been a motivational factor in the alleged HIB incident:</b>			
Race: <input type="checkbox"/>	Color: <input type="checkbox"/>	Religion: <input type="checkbox"/>	Ancestry: <input type="checkbox"/>
Sexual Orientation: <input type="checkbox"/>		Gender Identity/Expression: <input type="checkbox"/>	National Origin: <input type="checkbox"/>
		Gender: <input type="checkbox"/>	
		Mental or Physical or Sensory Disability: <input type="checkbox"/>	
<b>Other actual or perceived characteristic: (Please list)</b>			
<b>Type of Incident: (Circle all that apply)</b> Gesture    Written    Verbal    Physical    Electronic			
<b>Witness of Incident:</b>			
<b>Check next to ALL the statement(s) that best describes what happened.</b>			
<input type="checkbox"/> Any act of physical aggression  <input type="checkbox"/> Getting another person to hit or harm the student  <input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening, in person or by other means  <input type="checkbox"/> Demeaning and making the victim the object of jokes  <input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Excluding or rejecting the student  <input type="checkbox"/> Extorting or exploiting  <input type="checkbox"/> Spreading harmful rumors or gossip  <input type="checkbox"/> Electronic communication (specify): _____  <input type="checkbox"/> Other (specify): _____		
<b>If other than above, describe the nature of the alleged harassment, intimidation or bullying. Include any gesture, relevant verbal, written or physical act(s), or any electronic communication.</b>			



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<b>What harm do you believe was or may have been caused by the alleged incident? Check all that apply.</b>		
Substantial disruption or interference with orderly operation of school rights of others: <input type="checkbox"/>		Damage to property: <input type="checkbox"/>
Fear of physical/emotional harm: <input type="checkbox"/>	Insulting or demeaning: <input type="checkbox"/>	Physical or emotional harm: <input type="checkbox"/>
Created a hostile educational environment: <input type="checkbox"/>	Interferes with student's education: <input type="checkbox"/>	Fear to damage to property: <input type="checkbox"/>
<i>You may choose to submit this report anonymously. Please note, in accordance with the Anti-Bullying Bill of Rights Act, no formal disciplinary action is permitted on the basis of anonymous reporting alone.</i>		

\_\_\_\_\_  
**Signature of Person Receiving Report**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date Received**



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