



# Jamesburg Public Schools

Celebrating Pride in Ourselves, Our Schools, Our Community

## Harassment / Intimidation / Bullying HIB Incident Allegation Report

***PRIVILEGED AND CONFIDENTIAL***  
***PROTECTED BY THE WORK PRODUCT DOCTRINE***  
***ADVISORY, CONSULTATIVE AND DELIBERATIVE. NOT A PUBLIC RECORD***

Date of Report: \_\_\_\_\_

Report #: \_\_\_\_\_

### Reported by:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Teacher      | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Student      | <input type="checkbox"/> Staff Member    | <input type="checkbox"/> Anonymous     |
| <input type="checkbox"/> Other: _____ |  |  |

Name: \_\_\_\_\_ (not required)

Contact Information: \_\_\_\_\_ (not required)

### I know about this incident because...

- |  |   |
|--|---|
| <input type="checkbox"/> I witnessed it first hand | <input type="checkbox"/> a student told me about it |
| <input type="checkbox"/> a parent told me about it | <input type="checkbox"/> other _____                |

### Alleged Target(s) / Victim(s):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Alleged Aggressor(s):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Witness(es) / Bystander(s): (if any)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

# Incident Report

Date of Incident: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Date/Time of Initial Verbal Report: \_\_\_\_\_

## Where did the incident/s occur?

- On school property
- At a school sponsored activity or event off school property
- School bus
- Electronic / Cyber

## Specific location/s of incident/s:

- Bathroom
- Classroom
- Hallway
- Stairwell
- Cafeteria
- Locker room
- Playground
- After school Activity
- Field Trip
- Gym
- Library
- Text / Computer
- Non-school related activity
- Other \_\_\_\_\_

## Check which perceived characteristics appeared to motivate the conduct (if known at this time) Check all that apply:

- Race
- Color
- Religion
- Ancestry
- National Origin
- Gender
- Sexual Orientation
- Mental Disability
- Physical Disability
- Sensory Disability
- Gender Identity and Expression
- Other Distinguishing Characteristic

Please describe:

---

---

---

---

---

## Check which best describes the alleged harassment, intimidation, and/or bullying (HIB) behavior/s you feel the target was subjected to:

- Physical (pushing, shoving, hitting, threats, vandalism, theft, etc.)
- Emotional (name calling, insults, teasing, harassing phone calls/texts/I-Ms, etc.)
- Social (gossiping, teasing about appearance, exclusion, public humiliation, etc.)
- Cyber (texting/messaging threats, defamatory web posts, derogatory emails, etc.)

Other (please describe) \_\_\_\_\_

**Check all HIB behaviors related to this incident:**

- |  |  |                                   |                                       |                                   |
|--|--|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> teasing   | <input type="checkbox"/> socially excluding      | <input type="checkbox"/> stealing | <input type="checkbox"/> restraining  | <input type="checkbox"/> kicking  |
| <input type="checkbox"/> name calling                                      | <input type="checkbox"/> gesture / eye rolling   | <input type="checkbox"/> pushing  | <input type="checkbox"/> spitting     | <input type="checkbox"/> threats  |
| <input type="checkbox"/> insulting remarks                                 | <input type="checkbox"/> spreading rumors        | <input type="checkbox"/> tripping | <input type="checkbox"/> embarrassing | <input type="checkbox"/> stalking |
| <input type="checkbox"/> nasty messages/notes                              | <input type="checkbox"/> destruction of property | <input type="checkbox"/> slapping | <input type="checkbox"/> pinching     | <input type="checkbox"/> staring  |
| <input type="checkbox"/> physical injury (describe nature of injury) _____ |  |                                   |                                       |                                   |

**Identify what harm you feel may have been caused by the alleged incident. Check all that apply:**

- Substantial disruption or interference with the orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning a student or group of students
- Creates a hostile educational environment
- Interferes with student's education

**Describe in narrative form what you believe was caused to the student and the basis for your belief.**

---

---

---

**Describe, to the best of your ability, the incident of alleged harassment, intimidation, and/or bullying. Be certain to use specific details related to the incident including all names of those involved (Use additional paper if necessary):**

---

---

---

---

---

---

---

---

---

---

