Report of Harassment, Intimidation and/or Bullying (HIB)

**Directions:** The West Essex Regional School District recognizes that harassment, intimidation and bullying are serious offenses that will not be tolerated. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim and wish to report an incident of alleged harassment, intimidation and/or bullying, please complete this form and return it to the school principal and/or the school’s Anti-Bullying Specialist.

Today’s Date: __________________ Date(s) of Incident(s): __________________

**Person Reporting Incident:**

Name: __________________________________________ Telephone: __________________

Address: _______________________________________________________________________

Please Check One of the Following to Describe Yourself:

- ☐ Student/Witness
- ☐ Parent/Guardian
- ☐ Other Adult

**Student Victim Information:**

*Please fill out as much information as possible.*

Name: __________________________________________ Telephone: __________________

Address: _______________________________________________________________________

Grade Level: ____________ School:__________________________________________

**Alleged Offender(s) Information:**

*Please fill out as much information as possible. Attach a separate sheet if necessary.*

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<th>Name</th>
<th>Age</th>
<th>School</th>
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**Incident(s) Information:**

*Please fill out as much information as possible.*

**Where did the incident(s) occur? (Check all that apply.)**

- ☐ On school property
- ☐ On a school bus
- ☐ At an off-campus, school sponsored event
- ☐ Online
Place check the statement(s) that best describe what happened. *(Check all that apply.)*

- ☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something at the student
- ☐ Getting another person to hit or harm the student
- ☐ Teasing, name calling, making critical remarks of, or threatening (in person or by other means) of the student
- ☐ Demeaning the victim and making him/her the victim of jokes
- ☐ Making rude and/or threatening gestures to the student
- ☐ Excluding or rejecting the student
- ☐ Intimidating, extorting or exploiting the student
- ☐ Spreading harmful rumors or gossip about the student
- ☐ Unsolicited or inappropriate physical contact toward the student, including that of a sexual nature
- ☐ Other: _______________________________________________________________________________________________

What did the alleged offender(s) say or do? *(Please use as much detail as possible. Attach a separate sheet if necessary.)*

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Where did the harassment/bullying occur? *(Attach a separate sheet if necessary.)*

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

For how long has the harassment/bullying been occurring? *(Attach a separate sheet if necessary.)*

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Has any physical injury resulted from this/these incidents? ☐ Yes ☐ No

If yes, what were the injuries that required medical treatment? *(Attach a separate sheet if necessary.)*

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Signature: ___________________________________________ Date: _____________________________

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL PRINCIPAL OR TO THE SCHOOL’S ANTI-BULLYING SPECIALIST.

**West Essex High School**
Juliann Hoebbe, Acting WE High School Principal
Anthony Emering, WEHS Anti-Bullying Specialist

**West Essex Middle School**
David Montgomery, WE Middle School Principal
Lisa Tamburri, WEMS Anti-Bullying Specialist