



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.

Name	Age	School

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'S ANTI-BULLYING SPECIALIST.

West Essex High School
Juliann Hoebee, WEHS Assistant Principal
Anthony Emering, WEHS Anti-Bullying Specialist

West Essex Middle School
Gina Donlevie, WEMS Principal
Lisa Tamburri, WEMS Anti-Bullying Specialist