

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

_____ Regional High School

Address, City, State, Zip

HARASSMENT, INTIMIDATION, & BULLYING (HIB)

INCIDENT REPORTING FORM

Date: _____

Date of Alleged Incident: _____

Date the Event was Witnessed or Suspected: _____

Date Verbally Reported to Principal: _____

School and Location Alleged Incident Occurred: _____

Person Completing this Report: _____

Report Submitted To: _____

Person(s) Accused of committing HIB behavior Name: _____

Date of Birth: _____ **Race:** _____ **Grade:** _____

Recipient(s) of the HIB Behavior Name: _____

Date of Birth: _____ **Race:** _____ **Grade:** _____

I. Check all actual or perceived characteristics that were or may have been motivational factors in the alleged HIB incident:

Race Color Religion Ancestry National Origin Gender

Sexual Orientation Gender Identity and Expression

Mental, Physical, or Sensory Disability

Any real or perceived imbalance of power

Other actual or perceived characteristic (Describe Below)

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V. Location of alleged incident of Harassment, Intimidation, and/or Bullying (Check and complete all that apply):

School Property (Describe): _____

School Sponsored Activity (Describe): _____

School Bus/Bus Stop (Describe): _____

Off School Grounds (Describe): _____

VI. Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

Substantial disruption or interference with the orderly operation of the school or rights of others

Physical or emotional harm

Insulting or demeaning

Creates a hostile educational environment

Interferes with the student's education

VII. Please describe, in narrative form, what harm you believe was caused to the student and the basis for your belief.

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VIII. Please add any other pertinent information.

Signature of Person Completing Report

Date Submitted

Administratively Assigned Case Number: # _____

- C: Superintendent
- Anti-Bullying Coordinator
- Building Principal