



**John C. Anzul, Ed.D.** Superintendent

**Oradell Public School District**

350 Prospect Avenue | Oradell, NJ 07649 | oradellschool.org | (201)261-1180

*Our children,  
our hope,  
our future*

## **HIB Staff Reporting Form (2018-2019 school year)**

*This form must be emailed to the Superintendent, Principal or Anti-Bullying Specialist within two days of verbally reporting the incident to the Superintendent, Principal or Anti-Bullying Specialist  
The employee must also make a verbal report upon learning of an alleged HIB incident.*

**Today's Date:** [Click here to enter a date.](#)

**Verbally reported to the Chief School Administrator/Principal/ABS on:** [Click here to enter a date.](#)

**Time verbally reported to Chief School Administrator/Principal/ABS:** [Click here to enter text.](#)

**Date of alleged incident:** [Click here to enter a date.](#)

**Person reporting alleged incident:**

**Position of reporting staff member:**

### **1. STUDENT INFORMATION**

Alleged Victim Name (Last, First, Middle):

Grade: [Choose an item.](#)

Teacher:            Age:                            Gender: [Choose an item.](#)

Does the student have an IEP/504 plan?     YES     NO

Alleged Offender Name (Last, First, Middle):

Grade: [Choose an item.](#)

Teacher:            Age:                            Gender: [Choose an item.](#)

Does the student have an IEP/504 plan?     YES     NO

### **2. BEHAVIOR**

**a. Type of alleged bullying:**

Gesture             Written             Verbal             Physical             Electronic Communication

**b. Qualifying actual or perceived characteristic(s) as listed in the NJ state HIB definition (check all that apply):**

Race     National Origin     Mental/Physical or Sensory Disability     Color     Gender     Religion     Ancestry  
 Sexual Orientation     Gender Identity/Expression     Other Actual/Perceived Characteristic  
 Perceived Power Imbalance     None

Comments:

### **3. LOCATION**

**a. Location of Alleged Incident:**

On school grounds     At any school-sponsored function     On a school bus     Off school grounds

**4. IMPACT**

**a. Did the incident “substantially disrupt or interfere with the orderly operation of the school or the rights of other students”?**

YES  NO

**b. Check the condition that applies:**

A reasonable person should know, under the circumstances, that the incident will have the effect of physically or emotionally harming a student or damaging the student’s property, or placing a student in reasonable fear of physical or emotional harm to his person or damage to his property;

Incident has the effect of insulting or demeaning any student or group of students;

Incident creates a hostile educational environment for the student by interfering with a student’s education or by severely or pervasively causing physical or emotional harm to the student.

**c. Check all behaviors that the alleged victim experienced:**

- hurtful teasing                       socially excluding                       stealing                       restraining                       kicking
- hurtful name calling                       eye rolling/gesture                       pushing                       spitting                       threats
- insulting remarks                       spreading rumors                       tripping                       embarrassing                       stalking
- sending nasty notes                       hurtful graffiti                       slapping                       pinching                       staring
- throwing things                       taunting

**d. Brief Description of Incident:**

*If you fear that a student is in IMMEDIATE danger, contact his/her home, school, and the police immediately.*

**e. How did you learn that the alleged victim may have been the victim of harassment, intimidation, or bullying?**

Witnessed Incident                       Informed by Alleged Victim                       Informed by other:

**f. List anyone who may have relevant information and indicate if he/she is a student, parent, staff member or other:**

\_\_\_\_\_  
*Staff Reporting Signature*

Click here to enter a date.  
*Date*

*For Superintendent/ABC Use:*

Day 1	Date Verbally Reported	Click here to enter a date.	Time	Click here to enter text.
Day 2	Initiate Investigation	Click here to enter a date.	Time	Click here to enter text.
Day 3	Date Written Report Rec’d	Click here to enter a date.	Time	Click here to enter text.

\_\_\_\_\_  
*Signature*

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