

For School District Use

Report # _____

Date Received _____

FAIRFIELD PUBLIC SCHOOLS

15 KNOLL ROAD

FAIRFIELD, NJ 07004

Harassment, Intimidation, or Bullying (HIB)

Incident Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

The Fairfield Public School District does not tolerate any form of harassment, intimidation or bullying at any time (Policy # P2361/Code of Conduct.) As a safe and civil educational environment is required for students to learn and achieve high academic standards, the Fairfield Public School District recognizes the importance of identifying and investigating any and all reported incidents quickly and consistently. This is a form used to report alleged harassment, intimidation, or bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, a school staff member or a witness and wish to report an incident of alleged harassment, intimidation, or bullying, complete this form and *return it to the principal* at the student victim's school.

Contact the school for additional information or assistance at any time.

Harassment, intimidation, or bullying means any gesture, any written, verbal or physical act, or any electronic communication, as defined in N.J.S.A. 18A:37-14, whether it be a single incident or a series of incidents, that is:

1. Reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability; or
2. By any other distinguishing characteristic; and that
3. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3, that substantially disrupts or interferes with the orderly operation of the school or the rights of other pupils; and that
4. A reasonable person should know, under the circumstances, that the act(s) will have the effect of physically or emotionally harming a pupil or damaging the pupil's property, or placing a pupil in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or
5. Has the effect of insulting or demeaning any pupil or group of pupils; or
6. Creates a hostile educational environment for the pupil by interfering with a pupil's education or by severely or pervasively causing physical or emotional harm to the pupil.

"Electronic communication" means a communication transmitted by means of an electronic device, including, but not limited to, a telephone, cellular phone, computer, or pager.

Today's date: _____ School: _____

Reporting person (optional*): _____ Non-confidential Confidential**

*No disciplinary action will be taken against an alleged aggressor based solely on an anonymous report. Possible responses to an anonymous report include enhanced monitoring of specific locations at certain times of day or increased monitoring of a specific student or staff member.

Individuals may ask that their identities be kept secret from the accused and other students. Like anonymous reports, no disciplinary action will be taken against an alleged aggressor based **solely on a confidential report, but the incident will be investigated.

Did you file a verbal report with the principal or designee on the same day of witnessing or receiving reliable information regarding behavior being reported? _____ Yes _____ No

Please complete the following form as the reporter of the incident(s). It is important that the information you document is accurate and true to the best of your knowledge. (*Please print.*)

1. Student(s)/person(s) accused of *exhibiting* Harassment, Intimidation, or Bullying (HIB) behavior:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

2. Student(s) alleged to be the *target* of HIB behavior:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

3. Please complete the following for each incident of alleged HIB behavior involving students listed in #1 and #2 above:

Date _____

Time _____

Where did this incident occur? (choose all that apply for this date/time)

- On a school bus: AM route; bus number _____
- On a school bus: PM route; bus number _____
- In a classroom: (please specify class and room number if known) _____
- In hallway: (please specify exact location) _____
- In a restroom: (please specify exact location) _____
- On the playground: (please specify exact location) _____
- In a locker room: (please specify exact location) _____
- In the lunchroom: (please specify exact location) _____
- On a sport field: (please specify exact location) _____
- In a stairwell: (please specify exact location) _____
- Other: (please describe) _____

Which statement best describes the behavior reported? (choose all that apply for this date/time)

- Physical aggression or contact to a pupil
- Getting another person to hit or harm the pupil
- Teasing, name-calling, or making critical remarks
- Demeaning and making the victim of jokes
- Excluding or rejecting the pupil
- Making rude and/or threatening gestures
- Threatening, in person or by other means
- Defacing/destroying property
- Stealing or theft
- Intimidating, extorting or exploiting a pupil
- Spreading harmful rumors or gossip
- Electronic communications (specify) _____
- Other (specify) _____

Please describe details of the incident you are reporting:

For School District Use

Report # _____

Date Received _____

Please list the name(s) of any person(s) you believe either witnessed or has knowledge of the incident you are reporting:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

What is your perception of WHY this incident may have occurred?

Did a physical injury result from this incident?

_____ Yes _____ No

Please share any other pertinent details and attach documents if applicable:

Is there any additional information you would like to provide?

(attach a separate sheet if necessary)

For School District Use
Report # _____
Date Received _____

I hereby certify that the information contained in this report is accurate and true to the best of my knowledge.

Signature of Person Making Report Position (staff member/parent/pupil/etc.) Date

E-mail address: _____ Telephone: _____

Thank you for reporting!

All incidences will be investigated, but every incident may not result in school discipline.