



5210 - _____ - _____ - _____ - _____
District- School Code - Month - Year Report Number

PART I: Harassment, Intimidation, and Bullying (HIB) INITIAL REPORT
This form is to be confidentially maintained in accordance with the Family Education Rights and Privacy Act

(Person Reporting or Principal To Complete All blanks)

Directions: Bullying, harassment, or intimidation are serious and are unacceptable behavior. This is a form to report alleged bullying, harassment, or intimidation 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, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, 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.

SECTION I: GENERAL INFORMATION

TODAY'S DATE _____ SCHOOL _____

DATE OF ALLEGED INCIDENT _____ TIME OF ALLEGED INCIDENT _____

NAME OF PERSON REPORTING INCIDENT _____

ROLE OF PERSON REPORTING: _____ Student Victim _____ Student Witness or Bystander _____ Parent _____ Staff

Name of Student Victim _____ **Age** _____ **Grade** _____

SECTION II: Name (s) of alleged offenders(s)

NAME OF STUDENT (S) OR PERSON (S) IDENTIFIED AS EXHIBITING HIB BEHAVIOR:

1. _____ Grade or Classroom _____
2. _____ Grade or Classroom _____
3. _____ Grade or Classroom _____

SECTION III: THE ACTUAL OR PERCEIVED CHARACTERISTICS THAT YOU IDENTIFY AS MOTIVATIONAL FACTORS IN THE ALLEGED BULLYING INCIDENT (choose all that apply)

- Race
- Color
- Religion
- Ancestry
- National Origin
- Gender
- Sexual Orientation
- Gender Identity and Expression
- Mental or Physical or Sensory Disability
- Other Distinguishing Characteristic (identify) _____

SECTION IV: LOCATION OF THE ALLEGED INCIDENT OR HIB BEHAVIOR

- School Property—Specify _____
- School Bus—Specify _____
- School Sponsored Function—Specify _____
- Off School Grounds—Specify _____
- Cyberspace, Electronic Communications —Specify _____

SECTION V: MODE OF THE ALLEGED INCIDENT OR HIB BEHAVIOR

- Gesture
- Written
- Physical act
- Verbal
- Electronic communication

What did the alleged offender (s) say or do?

Attach a separate sheet if necessary



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PARTII: Harassment, Intimidation, and Bullying (HIB) INITIAL REPORT

SECTION IX: WITNESS INFORMATION

A. Indicate how you learned that a student may have been the victim of harassment, intimidation, or bullying:

_____ Witnessed incident _____ Informed by alleged victim

_____ Informed by other person (identify if student, parent, other and list below or attach list)

_____ student parent staff other role (_____)

_____ student parent staff other role (_____)

_____ student parent staff other role (_____)

B. List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other:

_____ student parent staff other role (_____)

_____ student parent staff other role (_____)

_____ student parent staff other role (_____)

SECTION X: CERTIFICATION OF INFORMATION (ABR imposes consequences and remedial action for a person found to have falsely accused another as a means of retaliation or as a means of harassment, intimidation or bullying)

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

Person Reporting HIB (Please Print)	Signature	Date Submitted
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DO NOT WRITE BELOW THIS LINE.

HIB INCIDENT SCHOOL NUMBER (assigned by principal): _____

Receiving Principal Name (Please Print)	Principal's Signature	Date Received
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Receiving ABS Name (Please Print)	ABS Signature	Date Received
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PART II: Harassment, Intimidation, and Bullying (HIB) SCHOOL INVESTIGATION

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ABS or Principal To Complete All Blanks

SECTION I:

School Personnel Completing Form _____ **Position** _____

Today's date ____/____/____ **Trenton Public School District** School _____

PERSON WHO MADE INITIAL REPORT (Name/Title) _____
 Telephone _____ - _____ - _____ Email _____
 Check on the appropriate line: ____ Student ____ Bystander ____ Parent/Guardian ____ School staff member

Name of student victim _____ Student ID# _____ Age _____
 Days absent due to incident _____ Date of Birth _____ Grade _____

Name of alleged offender (Please print)	Age	School	Is he/she a student?	Days suspended due to incident
			____ Yes ____ No	
			____ Yes ____ No	
			____ Yes ____ No	
			____ Yes ____ No	
Total Number of Alleged Offenders				

SECTION II:

Where did incident happen (check all that apply)? Date of Incident ____/____/____
 ____ On school property ____ At a school-sponsored activity or event off school property ____ On school property
 ____ Other _____

SECTION III: MODE OF HIB OFFENSE (check all that apply)

____ Gesture ____ Verbal ____ Written ____ Electronic ____ Physical

SECTION IV: MOTIVATING FACTORS OR PROTECTED CATEGORIES

Check all actual or perceived characteristics that you identify as motivational factors in the alleged bullying incident

____ Race ____ Color ____ Religion ____ Ancestry ____ Gender
 ____ National Origin ____ Sexual Orientation ____ Gender Identity and Expression
 ____ Mental or Physical or Sensory Disability ____ Other Distinguishing Characteristic (list below)

Other Evidence Reviewed and Documentation Attached:

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SECTION VIII:
SUMMARY OF FACTUAL FINDINGS:

NUMBER	STATEMENT	DISCIPLINARY CONSEQUENCE PURSUANT TO CODE OF CONDUCT WHEN APPROPRIATE

ADDITIONAL COMMENTS WHEN APPROPRIATE:

Signature of Anti-Bullying Specialist _____ Date Submitted _____

Signature of Principal _____ Date Submitted _____

Date Received By Anti-Bullying Coordinator: _____

Date Received By Superintendent: _____



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PART III: Harassment, Intimidation, and Bullying (HIB) INTERVENTION

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INTERVENTION SERVICES AND ACTIONS

Check all that apply	Corrective Action (select)	Person(s) Responsible	Implementation Timeline	
			Beginning Date	Ending Date
	Consequences			
	Admonishment			
	Temporary removal from the classroom			
	Deprivation of privileges			
	Classroom or administrative detention			
	In-school suspension (school work to be provided and graded)			
	After-school program (specify)			
	Out-of school suspension (school work to be provided and graded; application for home instruction when exceeding 5 days out of school)			
	Reports to law enforcement or other legal action			
	Recommendation for Legal Hearing and Exclusion			
	Remedial Measures-Personal			
	Ban from participating in school district-sponsored programs			
	Restitution and restoration			
	Peer support group			
	Intervention and Referral Services Team Referral as appropriate			
	Referral to the Child Study Team, as appropriate			
	Involvement of school disciplinarian			
	Individual and/or group counseling			
	Parent conference sessions			

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PART III: Harassment, Intimidation, and Bullying (HIB) INTERVENTION

INTERVENTION SERVICES AND ACTIONS

Check all that apply	Corrective Action (select)	Person(s) Responsible	Implementation Beginning Date	Timeline Ending Date
	Family therapy referral			
	Community resource referral/s (specify)			
	Alternative placements (e.g. alternative education programs)			
	<i>Other (specify)</i>			
	<i>Remedial Measures- School Environment</i>			
	Surveys or other strategies for determining the conditions contributing to harassment, intimidation, or bullying			
	School climate improvement plan			
	School Safety Team review of current procedures for corrective action in specific area of concern. Please identify area _____			
	Modification in schedules			
	Adjustments in hallway traffic			
	Modification in pupil routes or traveling patterns for daily school entry and dismissal			
	Supervision of pupils before and after school programs, including school transportation			
	Targeted use of monitors (e.g. hallway, cafeteria, locker room, playground, school perimeter, bus)			
	Staff assignments posted for safety monitoring within school and school grounds			
	Small or large group presentations scheduled to review HIB behaviors and consequences			
	Professional development programs scheduled for employees and providers			
	Professional development sessions scheduled for involved staff groups and individuals			

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PART III: Harassment, Intimidation, and Bullying (HIB) INTERVENTION

INTERVENTION SERVICES AND ACTIONS

Check all that apply	Corrective Action (select)	Person(s) Responsible	Implementation Timeline <i>Beginning Date</i> <i>Ending Date</i>
	Proposal and budgets for interventions sponsored by agencies and organizations (specify)		
	Involvement of community-based partner programs		
	Implementation of a school bullying response plan		
	Special school transfer agreement coordinated with Central Registration Administration		
	Involvement of district resource consultation including administrators, support staff, partner agencies/organizations (specify)		

Provide descriptive information regarding implementation of district curriculum and programs including established school routines, procedures, and staff assignments and/or roles that address related HIB factors. Include connections to type of offense, location, motivation, incident description, and any developing incident trends.

Motivation/Protected Category:

Mode of HIB:

Harm Caused by HIB Incident:

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Name of Principal

Signature

Date Submitted

Date Received By Anti-Bullying Coordinator: _____

Date Received By Superintendent Of Schools: _____



PART IV: Harassment, Intimidation, and Bullying (HIB) ADMINISTRATIVE RESPONSE

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REPORTING SCHOOL

State Protected Category: _____ **State Mode of HIB:** _____

Harm Caused: _____

Complete each category of actions. Write "NA" when a category is not applicable for this particular response.

SUMMARY OF ACTIONS (RESOURCES CURRENTLY AVAILABLE)

A. Student Intervention Services

Description of Intervention Service	Person (s) Responsible/Position	Timeline for Implementation (beginning and ending dates)

B. Staff Training Programs

Description of Training Program	Person (s) Responsible	Timeline for Implementation (beginning and ending dates)

C. Individual and/or Group Counseling

Description of Counseling Service	Person (s) Responsible	Timeline for Implementation (beginning and ending dates)

D. Student Consequence

Description of Consequence	Person (s) Responsible	Timeline for Implementation (beginning and ending dates)



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TRENTON BOARD OF EDUCATION
108 North Clinton Avenue
Trenton, NJ 08609

PART V: Harassment, Intimidation, and Bullying (HIB)

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PARENT REPORT

Choose one and complete a separate form for each student:

VICTIM

OFFENDER

SECTION I: GENERAL INFORMATION

Student _____ DOB _____ Grade _____

Address _____ Telephone Number _____

School _____ Date of Incident _____ Time of Incident _____

Motivation/Protected Category: _____ Mode: _____

STATUS OF INVESTIGATION: _____ Completed _____ In Progress and Completion Date is _____

SECTION II: CORRECTIVE ACTIONS

A. IF FINDING IS THAT HARASSMENT, INTIMIDATION, OR BULLYING OCCURRED, WERE INTERVENTION SERVICES AND/OR ACTIONS IMPLEMENTED BY SCHOOL PRINCIPAL?

_____ YES

_____ NO

B. IF FINDING IS THAT HARASSMENT, INTIMIDATION, OR BULLYING OCCURRED STATE BELOW THE SPECIFIC SERVICES AND ACTIONS BEING IMPLEMENTED BY SCHOOL PRINCIPAL TO ADDRESS INCIDENT

Remedial strategy/ies being implemented

Timeline

Name of School Principal

Signature

Date