TOMS RIVER REGIONAL SCHOOLS

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HIB Report - Staff/Visitor/Parent

School:

Date of Incident: Date reported to the Principal:

Targeted Pupil: Grade:

Location of Incident: Other location:

Approximate time of incident:

PUPIL(S) ACCUSED OF EXHIBITING HIB:

AP1: Grade: AP2: Grade: AP3: Grade:

AP4: Grade: AP5: Grade: AP6: Grade:

BEHAVIORAL CHARACTERISTICS NOTED (More than one "x" may be noted below.)

- ☐ physical aggression or contact to a pupil
- ☐ teasing or name calling
- ☐ insulting or demeaning comments
- ☐ threatening comments, gestures or physical acts
- ☐ intimidating conduct toward another pupil
- ☐ spreading harmful rumors or gossip about a pupil
- ☐ getting another person to harm a pupil
- ☐ HIB through electronic communications
- ☐ destruction of property
- ☐ stalking another pupil
- ☐ Humiliating a pupil in public
- ☐ stealing or theft
- ☐ defacing/destroying property
- ☐ excluding or rejecting pupil
- ☐ extorting or exploiting a pupil

Other (specify):

Details of Incident(s):

WITNESS(ES)

Name Witness #1: Name Witness #2: Name Witness #3:

Name Witness #4: Name Witness #5: Name Witness #6:

Other witnesses:

Print name of person submitting this report: Title:

Signature: _____ Date submitted to the Principal*:

* *This report must be submitted to the Principal within two days of the verbal report.*

Print Form