TOMS RIVER REGIONAL SCHOOLS

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HIB Initial Report/Summary- Anti-Bullying Specialist

School:

Report #: Date of Incident: Date reported to the ABS:

Incident Reported by: Targeted Pupil(s): Grade:

Location of Incident: Other location:

Approximate time of incident:

Pupil(s) Accused of Exhibiting Harassment, Intimidation and Bullying Behavior:

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

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

BEHAVIORAL OBSERVATIONS (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
- ☐ publicly humiliating a pupil
- ☐ stealing or theft
- ☐ defacing/destroying property
- ☐ excluding or rejecting pupil
- ☐ extorting or exploiting a pupil

Other (specify):

Details of Incident(s):

Student(s) identified in incident(s) who have previously committed act(s) of HIB while attending any school in district:

☐ AP1 ☐ AP2 ☐ AP3 ☐ AP4 ☐ AP5 ☐ AP6

The targeted pupil in this Report has been a target in a previous confirmed act(s) of HIB while attending any other school in the district: ☐ Yes ☐ No

Was this a single incident or a series of incidents? ☐ Single Incident ☐ Series of Incidents

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WITNESS(ES)

Name: Statement:

Name: Statement:

Name: Statement:

Name: Statement:

Additional Comments:

☐ The following student(s) accused of exhibiting harassment, intimidation, or bullying behavior did not commit an act of HIB as defined in N.J.S.A. 18A:37-14. No further action is recommended for the following students(s):

☐ AP1 ☐ AP2 ☐ AP3 ☐ AP4 ☐ AP5 ☐ AP6

☐ The following student(s) accused of exhibiting harassment, intimidation, or bullying behavior committed an act of HIB as defined in N.J.S.A. 18A:37-14. No further action is recommended for the following students(s):

☐ AP1 ☐ AP2 ☐ AP3 ☐ AP4 ☐ AP5 ☐ AP6

Print Anti-Bullying Specialist Name:

Signature: _____ Date submitted to the Principal*:

* *This Report and investigation must be submitted to the Principal within ten school days from the date of the written report of the alleged incident.*

Print Form