



Incident Number _____

Kearny School District

Anonymous Harassment, Intimidation & Bullying Investigation Report Form

(Please note formal disciplinary action may not be taken solely on the basis of an anonymous report)

Please fax report to 201-955-0426

Name: _____ **Date of Report:** _____ **School:** _____

How you learned of the incident: Witnessed Informed **by:** _____

Student or Students allegedly committing the HIB-related behavior:

Name: _____ Grade: _____

Name: _____ Grade: _____

Alleged Victim of HIB-related behavior:

Name: _____ Grade: _____

Name: _____ Grade: _____

Witnesses of HIB-related behavior:

Name: _____ Grade: _____

Name: _____ Grade: _____

Location of HIB-related incident:

<input type="checkbox"/>	On School Property	Identify: _____
<input type="checkbox"/>	At School Sponsored Function	Identify: _____
<input type="checkbox"/>	On School Transportation	Identify: _____
<input type="checkbox"/>	Off School Grounds	Identify: _____



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Was this incident: Single Incident Series of Incidents Unknown

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged HIB incident.

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

Check all that apply to the specific HIB-related incident: Briefly describe incident in your own words. Use space provided or use back of form

- Physical aggression or contact to a pupil
- Teasing or Name-Calling
- Insulting or demeaning comments
- Threatening/ Intimidating comment, gestures or physical acts
- Spreading rumors or gossip
- Getting another person to harm a pupil
- Harassment, intimidation or bullying through electronic communications
- Stalking another pupil
- Publicly humiliating a pupil
- Destroying or theft of pupil's property
- Extorting or exploiting of a pupil
- Excluding/rejecting pupil
- Other (please specify) _____



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In the space provided, please write a brief narrative of the HIB incident.

Signature of Reporting Person

Date

Signature of Receiving Person

Date

(Office use only)

Report # _____