

**Old Tappan Public School District**

**Harassment, Intimidation, and Bullying (HIB)  
Student Reporting Form**

Name of Student Reporting: \_\_\_\_\_ Grade and Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location and Time of Incident: \_\_\_\_\_

Witnesses (Bystanders):

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Check all spaces below that apply to this incident.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Name calling        | <input type="checkbox"/> Spitting                | <input type="checkbox"/> Cyber-Bullying       |
| <input type="checkbox"/> Demeaning comments  | <input type="checkbox"/> Inappropriate gesturing | <input type="checkbox"/> Stealing             |
| <input type="checkbox"/> Staring/Leering     | <input type="checkbox"/> Damaging property       | <input type="checkbox"/> Writing/Graffiti     |
| <input type="checkbox"/> Shoving/Pushing     | <input type="checkbox"/> Threatening             | <input type="checkbox"/> Hitting/Kicking      |
| <input type="checkbox"/> Taunting/Ridiculing | <input type="checkbox"/> Inappropriate touching  | <input type="checkbox"/> Dangerous instrument |
| <input type="checkbox"/> Exclusion           |  |   |
| <input type="checkbox"/> Other _____         |  |   |

**Describe the incident (use the back of this page if necessary):**

**Physical evidence (attach if available).**

Graffiti \_\_\_\_\_ Notes \_\_\_\_\_ E-mail \_\_\_\_\_ Web sites \_\_\_\_\_ Txt message \_\_\_\_\_  
Video/Audio tape \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_