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.

___ Name calling ___ Spitting ___ Cyber-Bullying
___ Demeaning comments ___ Inappropriate gesturing ___ Stealing
___ Staring/Leering ___ Damaging property ___ Writing/Graffiti
___ Shoving/Pushing ___ Threatening ___ Hitting/Kicking
___ Taunting/Ridiculing ___ Inappropriate touching ___ Dangerous instrument
___ Exclusion ___ 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: ______________