

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: _____

- Students found to have falsely accused another student as a means of harassment, intimidation, or bullying shall be subject to consequences under Policy # 5131.2.