

**ABSECON PUBLIC SCHOOL DISTRICT**  
**800 Irelan Avenue**  
**Absecon, New Jersey 08201**  
**(609) 641-5375**

**Absecon Schools HIB Incident Report Form**

This form is to be maintained confidentially in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g. Incident Report to be filed in the disciplinary record and incident entered into Genesis.

Bullying, harassment, and intimidation are serious offenses and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer, or a visitor, and wish to report an incident of alleged bullying/harassment/intimidation, complete this form and return it to the principal or administrative designee at the student's school. All school employees are required to report alleged violations. This form can be completed anonymously by omitting signature and name and returning to the main office.

**Name of Student Target:** \_\_\_\_\_ **Grade/School:** \_\_\_\_\_

**Name(s) of Alleged Offender(s):** \_\_\_\_\_ **Grade/School:** \_\_\_\_\_ **Is he/she a student?** \_\_\_\_\_

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**Incident Date:**     /     /     **Incident Time:** \_\_\_\_\_

Where did the incident occur? (Check all that apply)	What happened during the incident? (Check all that apply)	Did a physical injury result from the incident? (Check one)
<input type="checkbox"/> School Bus/Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/Phone/Internet/ Social Media <input type="checkbox"/> School sponsored activity <input type="checkbox"/> Event off school property <input type="checkbox"/> School Grounds <input type="checkbox"/> Other:	<input type="checkbox"/> Taunting <input type="checkbox"/> Retaliation <input type="checkbox"/> Threat <input type="checkbox"/> Humiliation <input type="checkbox"/> Intimidation <input type="checkbox"/> Exclusion <input type="checkbox"/> Stalking <input type="checkbox"/> Physical contact <input type="checkbox"/> Theft <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes, medical attention required <input type="checkbox"/> Yes, medical attention NOT required
		<b>Student absent from school as a result of the incident?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of days absent: _____

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**Describe the incident in detail: (Who, what, when, where):**

**Leave the following blank if reporting anonymously:**

**You are:**      Student      Faculty/Staff      Parent/Guardian      Other:

**Name of Reporter:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*“Harassment, intimidation, or bullying” means any gesture, any written, verbal or physical act, or any electronic communication, as defined in N.J.S.A. 18A:37-14, whether it be a single incident or a series of incidents:*

- 1. Is reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability; or*
- 2. By any other distinguishing characteristic; and that*
- 3. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3, that substantially disrupts or interferes with the orderly operation of the school or the rights of other pupils; and that*
- 4. A reasonable person should know, under the circumstances, that the act(s) will have the effect of physically or emotionally harming a pupil or damaging the pupil's property, or placing a pupil in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or*
- 5. Has the effect of insulting or demeaning any pupil or group of pupils; or 6. Creates a hostile educational environment for the pupil by interfering with a pupil's education or by severely or pervasively causing physical or emotional harm to the pupil.*