



Mount Olive Township School District

“Children are our first priority”

Witness/ Parent Reporting Form

Date received by School _____
Date received by ABS/Admin _____
Date received by ABC _____
Date received by Superintendent _____

Name of Person Reporting Incident: _____ Date: _____
 How you became aware of the incident: **Observed** **Reported** **Witnessed**
 Relationship: _____
 Name of Victim _____ Grade and Age: _____
 _____ Isolated Incident _____ On-going Incident

Name of Alleged Offenders	Grade	School

Any individual who observes or becomes aware of a potential HIB situation must immediately inform administration (verbally). In addition, the reporter must complete a “HIB Incident Reporting Form” and submit to administration within 24 hours from when they were made aware of the alleged HIB.

“Harassment, intimidation or bullying” means any gesture, any written, any verbal or physical act, or any electronic communication, whether it be a single incident or series of incidents, that takes place on school property, at any school-sponsored functions, on a school bus, or off school grounds that substantially disrupts or interferes with the orderly operation of the school or the rights of other students.

If this incident seems (to a reasonable person) to be motivated either by 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 by any other distinguishing characteristic, AND
 (Check those that apply)

- _____ A reasonable person would know, under the circumstances that the incident will have the effect of physically or emotionally harming a student or damaging the students property, OR
- _____ Places a student in reasonable fear of physical or emotional harm to his person or damage to his property; OR...
- _____ Has the effect of insulting or demeaning any student or group of students, OR
- _____ Creates a hostile educational environment for the student by interfering with a student's education or by severely or pervasively causing physical or emotional harm to the student.

Location of incident: School Property _____
 School-Sponsored Function _____
 School Bus _____
 Off School Grounds _____

Place an X which best describes the alleged harassment, intimidation, and/or bullying(HIB) behavior the target was subjected to :

<input type="checkbox"/>	Physical Bullying (pushing, shoving, hitting, threats, vandalism, theft, etc)	<input type="checkbox"/>	Emotional Bullying (name calling, insults, teasing, harassing phone calls, texts, I-M's)
<input type="checkbox"/>	Social Bullying (gossiping, teasing about appearance, exclusion, public humiliation, etc.)	<input type="checkbox"/>	Cyber-Bullying (texting/messaging threats, defamatory web posts, derogatory emails, etc)
<input type="checkbox"/>	Other Click here to enter text.		



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Place an x next to that harm you believe was or may have been caused by the alleged incident. Check all that apply:

Substantial disruption or interference with the orderly operation of school or rights of others	Physical and/or emotional harm
Insulting or demeaning a student or group of students	Creating a hostile educational environment
Fear of physical damage to personal property	Other

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged incident (check all that apply):

Race	Religion
Color	Ancestry
Gender	National Origin
Gender Identity and Expression	Sexual Orientation
Mental or Physical or Sensory Disability	Other actual or perceived characteristic (List below)

Describe Behaviors Observed: Check all the behaviors that the victim has experienced:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurtful teasing	Pushing	Stalking	Stealing	Kicking		
Social exclusion	Restraining	Name calling	Facial gestures	Spitting		
Insulting remarks	Threats	Tripping	Spreading rumors	Embarrassing		
Sending nasty notes	Hurtful Graffiti	Slapping	Pinching	Stared down		
Other						

Describe to the best of your ability, the incident of alleged harassment, intimidation, and/or bullying. Be certain to use specific details related to the incident including all names of those involved. (Please use an additional sheet of paper if necessary)



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Harassment, Intimidation & Bullying Prevention Program Investigation Report

Name: Click here to enter text.

Please check : **Target** **Accused** **Witness**

Written Report: Click here to enter text. **Date of Written Report:** Click here to enter text.

Location Click here to enter text.

Description of Incident(s):

Click here to enter text.

(Attach additional page(s) of information, if needed) Click here to enter text.

I certify:

I wrote the description of the incident(s) above, and this information is accurate and true to the best of my knowledge.

I provided the information explained in the description of the incident(s) above to the Anti-Bullying Specialist, and this information is accurate and true to the best of my knowledge.

Printed Name Click here to enter text. **Signature** _____ **Date**

ABS/Administrator Click here to enter text. **Date :**

Consequences and Remedial Measures: *to be completed by ABS or Administrator*

The following consequences and remedial measures, in accordance with the school district’s Harassment, Intimidation, and Bullying Policy and applicable law, shall be implemented for the person(s) found to have committed and act of HIB:

Accused Person(s)	Consequence(s)	Remedial Measures:
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Targeted Student(s)	Remedial Measures
Click here to enter text.	Click here to enter text.



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Click here to enter text.	Click here to enter text.
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_____ **Date** _____
Signature of ABS/ Administrator

Further action as recommended by Coordinator and/or Superintendent of Schools:
 Click here to enter text.

Signature of the District Anti-Bullying Coordinator/Administrator _____