

Northern Valley Regional High School District Harassment, Intimidation and Bullying (HIB) Student/Parent Reporting Form

When completed return this form to any of the following individuals: The Principal, Assistant Principals, Teacher, Guidance Counselor, Anti-Bullying Specialist, Nurse, Coach and Child Study Team Member.

Name of the Reporter:		Relation to the Victim:	
Name of the Alleged Victim:		Grade:	
Name of the Accused Student:		Grade	
Date(s) of the Incident(s):		Location of HIB:	
Potential Witnesses:			

If you fear a student is in IMMEDIATE danger, contact the police immediately!

In your own words, please use the space below to describe what you have experienced or witnessed. (Use reverse side if necessary)

Signature: _____

Date: _____

Received by: _____

Date: _____

**Northern Valley Regional High School District
Harassment, Intimidation and Bullying (HIB) Student/Parent
Reporting Form (Continued)**

Administrative use only:

Is there an Actual or Perceived Characteristic (*at least one* must be selected to refer to ABS):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender Identity and Expression |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender | <input type="checkbox"/> Mental, Physical, or Sensory Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Ancestry | | |

-and/or-

- Other distinguishing characteristic: _____

Conclusion

- Referred to ABS for HIB investigation (*at least one characteristic is identified above*)
- Potential Code of Conduct Violation/ Not HIB (*even if all facts are true, cannot be HIB*)

If not referred to the ABS, describe why HIB cannot be found (*attach separate pages if necessary*):

Report Prepared By: _____
(Print Name)

Report Prepared By: _____ Date: _____
(Signature)

Supporting documentation, if any, should be attached to this form.