

# BOUND BROOK SCHOOL DISTRICT



## Written Report of Alleged HIB Incident (Completed by Reporter of Incident within Two School Days of Verbal Report)

Incident #

Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Name of person filling out report: \_\_\_\_\_

Check whether you are:  Student  Parent  Administrator  School Employee  
 Other (specify) \_\_\_\_\_

Name of Target(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Name of Alleged Offender(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Indicate how you learned the student may have been the target of an alleged HIB incident?

witnessed incident  informed by target  
 Informed by other person Name: \_\_\_\_\_

List people who may have witnessed or may have information about the alleged HIB incident:

Name: \_\_\_\_\_  Student  Staff  Parent  Other (specify) \_\_\_\_\_  
\_\_\_\_\_  Student  Staff  Parent  Other (specify) \_\_\_\_\_  
\_\_\_\_\_  Student  Staff  Parent  Other (specify) \_\_\_\_\_

Check the actual or perceived characteristic(s) of the target that you believe motivated the alleged HIB incident:

Race  Gender  
 Color  Sexual Orientation  
 Religion  Gender Identity & Expression  
 Ancestry  Mental, Physical, or Sensory Disability  
 National Origin  
 Other actual or perceived characteristic (specify) \_\_\_\_\_  
 Not sure

Location of alleged HIB incident: (check and complete all that apply)

School property (specify) \_\_\_\_\_  
 School-sponsored function (specify) \_\_\_\_\_



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**Signature of Person Receiving Report**

**Position**

**Date**