

Coastal Learning Center – Howell
38 Arnold Boulevard, Howell, NJ 07731
(732) 367-6663 Office (732) 364-5905

HARRASSMENT, INTIMIDATION, AND BULLYING
ANTI-BULLYING SPECIALIST FORM

Date Of Incident: _____

Reporter: _____ Title _____ Telephone () _____

Victim: _____ Age: _____ Classification _____

Offender: _____ Age: _____ Classification _____

If there is more than one Offender a separate form is to be filled out for each individual offender.

Date(s) of incident(s): _____

Place incident occurred (place an x in the appropriate box with description of are underneath):

() school property () school –sponsored activity or event off school grounds () school bus () off school property

Indicate with an X possible motivational factors in alleged HIB incident

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

Indicate how you learned that a student may have been the victim of HIB

- () Witnessed incident () Informed by Alleged Victim () Second Party Information – Identify below

List below any person who know or have reason to believe may have relevant information. Please indicate if student, parent, staff, etc.

Describe nature of alleged HIB. Include gestures, relevant written verbal physical act, electronic communications or any other form of attack to alleged victim as so noted in our HIB policy (attached additional sheets as needed).
