



HADDONFIELD BOARD OF EDUCATION

One Lincoln Avenue

Haddonfield, New Jersey 08033-1892

District HIB Coordinator, Mrs. Sandra Horwitz

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HIB Reporting Form

Initial Report Date: _____

Person Making the Initial Report (your name): _____

Email or Phone number: _____

Alleged Recipient/Target: _____ (if more than one target, please start a separate report)

Alleged Aggressor: _____

Additional Alleged Aggressors: _____

Incident Date and Time: _____

Target's School: _____

Location of incident: _____

Additional Location Description (if any):

Behavioral Observations (please check):

Cyber-Related ___ Hurtful Graffiti ___ Inappropriate Touching ___ Pinching ___

Embarrassing ___ Hurtful Name Calling ___ Insulting Remarks ___ Pushing ___

Eye Rolling ___ Hurtful Teasing ___ Kicking ___ Restraining ___

Sending Nasty Notes ___ Slapping ___ Socially Excluding ___ Spitting ___

Spreading Rumors ___ Stalking ___ Staring ___ Stealing ___

Threats ___ Tripping ___ Other: _____

Provide a detailed description of the alleged HIB incident:

Is there evidence of a power imbalance between the alleged target and alleged aggressor?

_____ YES _____ NO

Please check the actual or perceived characteristics of alleged recipient, or person who received the behavior, that may have motivated the alleged HIB Behavior.

Ancestry ___ Color ___ Gender ___ Gender Identity and Expression ___

Mental, Physical, or Sensory Disability ___ National Origin ___ Race ___ Religion ___

Sexual Orientation _____ Other Distinguishing Characteristic (please specify):

List any person(s) you know or have reason to believe may have relevant information regarding this alleged incident or witnesses to this allegation:

First Name: _____ Last Name: _____

Is this person a Parent, Staff, Student, Other: _____

Additional witnesses and their category (parent, staff, or student):

Please submit this report to the building principal of the alleged target's school.

Thank you for helping to keep our schools safe!
