

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) _____

Oceanport School District

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Signature of Person Receiving Report

Position

Date