

**LESTER C. NOECKER SCHOOL
100 PASSAIC AVENUE
ROSELAND, NEW JERSEY
(973) 226-7644**

Dr. Richard Brockel
Superintendent

Raul Sandoval
Anti-Bullying Coordinator

Lynn Cummings
Anti-Bullying Specialist

Mark Mansour
Alternate Anti-Bullying Specialist

Harassment, Intimidation, or Bullying (HIB) Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g

Today's Date: _____ School: _____

Your Name / Person Reporting Incident:

Anonymous Source (*NOTE: anonymous reporting is not an option for school staff members*)

Identify what role you serve at this time:

- | | | |
|---|--|--|
| <input type="checkbox"/> Student (Alleged Victim) | <input type="checkbox"/> Student (Witness/Bystander) | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> District Employee / School Staff | <input type="checkbox"/> School Bus Staff (driver, aide) | <input type="checkbox"/> Substitute |
| <input type="checkbox"/> Contracted Service Provider | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Member of Board of Education | <input type="checkbox"/> Other: | |

Indicate how you learned that the student(s) may be a target of HIB behavior(s):

- Witnessed Incident Informed by Alleged Target Informed by Other Person
 Other:

Name of Student(s)/Person(s) Accused of Exhibiting HIB Behavior:

1. _____
2. _____
3. _____

Name of Student(s) Alleged to be the Target of the HIB Behavior:

1. _____
2. _____
3. _____

Actual or perceived characteristic(s) of targeted person(s) recognized as motivating the incident(s) (choose all that apply):

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

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<input type="checkbox"/> Other Distinguishing Characteristic (<i>identify</i>): _____
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Date(s) of Alleged Incident(s): _____, _____, & _____.

Where did the HIB behavior/incident happen? (<i>choose all that apply</i>): <input type="checkbox"/> On School Property – Specify: _____ <input type="checkbox"/> At School-sponsored Function – Specify: _____ <input type="checkbox"/> On a School Bus – Specify: _____ <input type="checkbox"/> Off School Grounds – Specify: _____ <input type="checkbox"/> Electronic Communication – Specify: _____
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Describe the details of the harassment, intimidation, and/or bullying incident you are reporting:

<i>Attach separate sheet, if necessary</i>
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Identify what harm was or may have been caused by the incident(s): *(choose all that apply):*

- Substantial disruption or interference to orderly operation of the school or the rights of other student(s); and,
- Physical or emotional harm to a student.
- Damage to a student's property.
- Student placed in reasonable fear of physical or emotional harm or of damage to property.
- Insulting or demeaning to any student or group of students.
- Hostile educational environment created for the student by interfering with a student's education.
- Hostile educational environment created for the student by severely or pervasively causing physical or emotional harm to the student(s).

Name of Person(s) or Student(s) You Believe Witnessed or Have Knowledge of Incident(s):

1. _____
2. _____
3. _____

I certify the information contained in this Report is accurate and true to the best of my knowledge.

Signature of Person Making Report

Date

Report #: _____ - _____ (assigned by Principal or designee)

Signature of Principal

Date of Receipt