

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

Giuseppe Leone  
*Superintendent*

Raul Sandoval  
*Anti-Bullying Coordinator*

Lynn Cummings  
*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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**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