

# MERCER COUNTY SPECIAL SERVICES SCHOOL DISTRICT

## 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. \_\_\_\_\_ School: MHS / MES / RDS / JFC / \_\_\_\_\_  
2. \_\_\_\_\_ School: MHS / MES / RDS / JFC / \_\_\_\_\_  
3. \_\_\_\_\_ School: MHS / MES / RDS / JFC / \_\_\_\_\_

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

1. \_\_\_\_\_ School: MHS / MES / RDS / JFC / \_\_\_\_\_  
2. \_\_\_\_\_ School: MHS / MES / RDS / JFC / \_\_\_\_\_  
3. \_\_\_\_\_ School: MHS / MES / RDS / JFC / \_\_\_\_\_

**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 |
| <input type="checkbox"/> Other Distinguishing Characteristic ( <i>identify</i> ): _____ |  |  |

**Date(s) of Alleged Incident(s):** \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_.

**Where did the HIB behavior/incident happen? (*choose all that apply*):**

- On School Property – Specify: \_\_\_\_\_  
 At School-sponsored Function – Specify: \_\_\_\_\_  
 On a School Bus – Specify: \_\_\_\_\_  
 Off School Grounds – Specify: \_\_\_\_\_  
 Electronic Communication – Specify: \_\_\_\_\_

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Describe the details of the harassment, intimidation, and/or bullying incident you are reporting:

*Attach separate sheet, if necessary*

**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. \_\_\_\_\_ Work Location/School/Grade: \_\_\_\_\_
- 2. \_\_\_\_\_ Work Location/School/Grade: \_\_\_\_\_
- 3. \_\_\_\_\_ Work Location/School/Grade: \_\_\_\_\_

**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**