



**BERGEN COUNTY TECHNICAL SCHOOLS/SPECIAL SERVICES**

**Anonymous HIB Report**

Submit form to the program Principal/Designee:  Autism  Behavior Skills  Communication Skills  
 Life Skills or  Multiply Handicapped

**Please note formal disciplinary action may not be taken solely on the basis of an anonymous report.**

Target(s):	Offender(s) of HIB Behavior:
------------	------------------------------

Date of incident: \_\_\_\_\_ School: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Alleged Category of HIB:

<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Ancestry <input type="checkbox"/> Origin <input type="checkbox"/> Gender <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity and Expression <input type="checkbox"/> Mental, Physical or Sensory Disability <input type="checkbox"/> Other Distinguishing Characteristic
--

Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (use back of form for additional space).

Location of alleged HIB incident. Check all that apply and specify/describe location:

School property: \_\_\_\_\_

School-sponsored function: \_\_\_\_\_

School bus: \_\_\_\_\_

Off school grounds: \_\_\_\_\_

List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

Name	Student	Parent	School Employee	Other

\*\*Office Use\*\*

Date Received by Principal: \_\_\_\_\_ Date Investigation Started: \_\_\_\_\_ Principal's Initials: \_\_\_\_\_