Anonymous HIB Report

Submit form to the Principal/Designee: □ Applied Tech □ Hackensack □ Paramus □ Teterboro

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:

___ Race ___ Color ___ Religion ___ Ancestry ___ Origin ___ Gender ___ Sexual Orientation
___ Gender Identity and Expression ___ Mental, Physical or Sensory Disability ___ 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Student</th>
<th>Parent</th>
<th>School Employee</th>
<th>Other</th>
</tr>
</thead>
</table>

Date Received by Principal: ________________  **Office Use**  Date Investigation Started: ________________  Principal’s Initials: ___