



Plainfield Public Schools

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# **HIB REPORTING FORMS**

*Based on 2011 Anti-Bullying Bill of Rights Act*

Anna Belin-Pyles  
Interim Superintendent of Schools

# PLAINFIELD PUBLIC SCHOOLS REPORT FORM FOR HARASSMENT, INTIMIDATION, BULLYING

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

Date of alleged incident: \_\_\_\_\_

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

- Race
- Color
- Religion
- Ancestry
- National Origin
- Gender
- Sexual Orientation
- Gender Identity and Expression
- Mental or Physical or Sensory Disability
- OTHER actual or perceived characteristic (list below):

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**NOTE:** This is an illustrative form that identifies key reporting elements that should be addressed as required by the 2011 Anti-Bullying Bill of Rights.

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

\_\_\_ Witnessed incident

\_\_\_ Informed by alleged victim

\_\_\_ Informed by other person (identify if student, parent, staff person, other, and list below or attach list)

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\_\_\_ Anonymous source

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

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Describe nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written verbal or physical act[s], or any electronic communication (attach additional sheets if necessary).

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Location of alleged harassment, intimidation or bullying. Check and complete all that apply:

- School property. Identify: \_\_\_\_\_
- School-sponsored function. Identify function: \_\_\_\_\_
- School bus. Identify: \_\_\_\_\_
- Off school grounds. Describe: \_\_\_\_\_  
\_\_\_\_\_

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

- Substantial disruption or interference with orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning
- Creates a hostile educational environment
- Interferes with student's education

Describe in narrative form what harm you believe was caused to the student and the basis for your belief.

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Please add any other pertinent information on reverse of form or on a separate sheet.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Anonymous

\_\_\_\_\_  
Date

(Anonymous reporting is intended as an option for parents or students, not by staff members)

# PLAINFIELD PUBLIC SCHOOLS REPORTING FORM FOR USE BY ANTI-BULLYING SPECIALIST

DATE(S) OF INCIDENT(S): \_\_\_\_\_

DATE(S) WHEN INCIDENT(S) WAS/WERE REPORTED TO DISTRICT:  
\_\_\_\_\_

PERSON WHO MADE INITIAL REPORT: \_\_\_\_\_

## SUMMARY OF CLAIMS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**NOTE:** *The investigation of an HIB report is to be completed as soon as possible, but no later than 10 school days from the date of the written report. This report is to be given to the superintendent of schools within two school days of completing the investigation.*

# PLAINFIELD PUBLIC SCHOOLS SUMMARY OF INVESTIGATION PROCEDURES

Persons appointed to assist Anti-Bullying Specialist:

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Witnesses interviewed:

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Documents reviewed:

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Other evidence reviewed:

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Do you anticipate receiving additional information relative to this investigation?

Yes     No

If yes, please describe the additional information that is anticipated to be received:

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**SUMMARY OF FACTUAL FINDINGS**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

\_\_\_ I find that harassment, intimidation or bullying occurred because of the following:

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\_\_\_ I find that harassment, intimidation or bullying did not occur.

Additional comments/recommendations, if any: \_\_\_\_\_

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Signature of Anti-Bullying Specialist \_\_\_\_\_ Date \_\_\_\_\_

Principal's recommendations for response: \_\_\_\_\_

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Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

# PLAINFIELD PUBLIC SCHOOLS FORM FOR SUPERINTENDENT TO REPORT TO BOARD OF EDUCATION ABOUT HIB INCIDENT

Below is a summary of all actions either implemented and/or recommended by the superintendent in response to the report of the anti-bullying specialist.

## SUMMARY OF ACTIONS TAKEN/RECOMMENDED

### *Intervention Services*

Description of Intervention Service	Person(s) Responsible	Timeline for Implementation

### *Training Programs*

Description of Training Program	Person(s) Responsible	Timeline for Implementation

**NOTE:** This form is intended for use of the Superintendent of Schools for each report to the Board of Education about an act of HIB.



***Counseling***

Description of Counseling Service	Person(s) Responsible	Timeline for Implementation

***Discipline***

Description of Discipline	Person(s) Responsible	Timeline for Implementation

***Other***

Description of Other Action Recommended or Taken	Person(s) Responsible	Timeline for Implementation

COMMENTS:

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**PLAINFIELD PUBLIC SCHOOLS  
REPORT TO PARENTS REGARDING ALLEGED  
INCIDENT OF HARASSMENT, INTIMIDATION  
OR BULLYING**

SUMMARY OF CLAIMS:

FACTUAL FINDINGS OF ANTI-BULLYING SPECIALIST:

HARASSMENT, INTIMIDATION OR BULLYING DID \_\_\_\_ DID NOT \_\_\_\_ OCCUR.

IF FINDING IS THAT HARASSMENT, INTIMIDATION OR BULLYING OCCURRED,  
DESCRIBE ANY SERVICES AND/OR INTERVENTION IMPLEMENTED TO ADDRESS  
INCIDENT:

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IF FINDING IS THAT HARASSMENT, INTIMIDATION OR BULLYING OCCURRED,  
WAS DISCIPLINE IMPOSED?

\_\_\_\_ Yes      \_\_\_\_ No

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** *This form is intended to be use to create a report to be provided to parents or guardians within 5 school days after the results of the investigation are reported to the Board.*

# PLAINFIELD PUBLIC SCHOOLS

## TIME LINE FOR INVESTIGATION OF REPORTS OF HARASSMENT, INTIMIDATION AND BULLYING

*Based on 2011 Anti-Bullying Bill of Rights Act*

School day 1.	HIB occurs and/or employee learns of HIB. Verbal report to be made to principal. Principal must inform parents/guardians of all students involved.
By school day 2.	Principal must initiate investigation by Anti-Bullying Specialist within one school day of report; may appoint others to assist.
By school day 3.	Written report to principal to be made within 2 days of when employee witnessed or received reliable information that a student experienced HIB.
By school day 11	Investigation complete (by 10 school days from written report).
By school day 13.	Results of investigation must be given superintendent within 2 school days of completing investigation. Superintendent may decide to take action (e.g., intervention services, training, discipline, counseling, etc.)
Report to board.	Superintendent must report to board of education at next board meeting following completion of investigation.
Report to parent/guardian	District must provide "information about the investigation" to parents/guardians of "students who are parties to the investigation" about investigation and findings within 5 school days after investigation results given to board. Information to include: nature of investigation, whether evidence of HIB was found, whether discipline imposed or services provided to address the HIB.
Board hearing	Parents may request confidential hearing before board of education, which must occur within 10 calendar days of request.
Board decision.	Board must issue decision, in writing, to affirm, reject or modify superintendent's decision, at next board meeting following receipt of report. Board's decision may be appealed to Commissioner of Education within 90 calendar days.
Civil rights complaint.	Parents may file a complaint with the NJ Division on Civil Rights within 180 calendar days of incident, or in state or federal court
ECS investigation	Executive county superintendent shall investigate a complaint of a violation by a school district when the complaint is not adequately addressed on the local level.