

HARASSMENT, INTIMIDATION, & BULLYING REPORT FORM

Person Reporting Incident:

Student _____ Staff Member _____ Parent/Guardian _____ Volunteer Other _____

Date of alleged incident: _____

Where did the alleged incident occur? _____

Under New Jersey law, "harassment, intimidation, or bullying" means any gesture, any written, verbal or physical act or any electronic communication, whether it is a single incident or a series of incidents, that is:

- a. Reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or
- b. By any other distinguishing characteristic; and that
- c. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3, that substantially disrupts or interferes with the orderly operation of the school or the rights of other pupils; and that
- d. A reasonable person should know under the circumstances will have the effect of physically or emotionally harming a pupil or damaging the pupil's property, or placing a pupil in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or
- e. Has the effect of insulting or demeaning any pupil or group of pupils; or
- f. Creates a hostile educational environment for the pupil by interfering with a pupil's education or by severely or pervasively causing physical or emotional harm to the pupil.

Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

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

1. _____ 2. _____ 3. _____

a. In your opinion, do you believe the offending person intended to cause harm to others? Yes No

b. In your opinion, was the behavior motivated by bias? Yes No

If so, please place an "x" next to the motivating characteristic(s):

<input type="checkbox"/> race	<input type="checkbox"/> color	<input type="checkbox"/> religion	<input type="checkbox"/> ancestry	<input type="checkbox"/> national origin	<input type="checkbox"/> gender
<input type="checkbox"/> sexual orientation	<input type="checkbox"/> gender identity	<input type="checkbox"/> mental disability	<input type="checkbox"/> physical disability	<input type="checkbox"/> sensory disability	

c. Please place an "x" next to the statement(s) that best describes the behavior reported:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> physical aggression
or contact to a pupil | <input type="checkbox"/> destruction of
property | <input type="checkbox"/> teasing or name-
calling | <input type="checkbox"/> stalking another
pupil |
| <input type="checkbox"/> insulting or demeaning
comments | <input type="checkbox"/> publicly humiliating
a pupil | <input type="checkbox"/> threatening comments,
gestures or physical acts | <input type="checkbox"/> stealing or theft |
| <input type="checkbox"/> intimidating conduct
toward another pupil | <input type="checkbox"/> defacing or
destroying property | <input type="checkbox"/> persuading another
person to harm a pupil | <input type="checkbox"/> extorting or
exploiting a pupil |
- spreading harmful rumors or gossip about a pupil excluding or rejecting a pupil
- harassment, intimidation or bullying through electronic communications
- other – please specify

d. Please describe below the details of the incident you are reporting:

e. In your opinion, do you believe the incident you are reporting caused a substantial disruption or interfered with the orderly operation of the school or rights of other pupils? Yes No

f. Please list below the name(s) of any person(s) or pupil(s) you believe either witnessed or have knowledge of the incident you are reporting:

Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

g. Did you file a verbal report with the Principal or designee on the same day of witnessing or receiving reliable information regarding behavior being reported? Yes No

I certify the information contained in this Report is accurate and true to the best of my knowledge.

_____	_____	_____
Signature of Person Making Report	Position (staff member/parent/pupil/etc.)	Date

_____	_____	_____
Name of Person Receiving Report	Title	Date

Report #: _____ (to be assigned by Principal or designee)