



**REPORT FORM FOR HARASSMENT, INTIMIDATION & BULLYING**

Person Reporting Incident (name): \_\_\_\_\_  
\_\_\_\_ Student \_\_\_\_ Staff Member \_\_\_\_ Parent/Guardian \_\_\_\_ Volunteer/Substitute \_\_\_\_ Anonymous

School: \_\_\_\_\_ Date of Alleged Incident: \_\_\_\_\_

**Student(s) alleged to be the victim of HIB behavior:**

Indicate how you learned that the alleged student(s) may have been the victim of HIB behavior: report from alleged victim, report from teacher, report from school social worker, report from parent.

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 the 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 that his/her action 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
- 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.

**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 & Expression
- \_\_\_\_\_ OTHER actual or perceived characteristics (list below)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Witnessed event      \_\_\_\_\_ Informed by Alleged Victim

\_\_\_\_\_ Informed by other person: \_\_\_\_\_

**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.**

	<u>Name</u>	<u>Position/Grade</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Describe nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical acts, or any electronic communication.**

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**Location of alleged H/I/B. Check & complete all that apply:**

\_\_\_ School Property. Identify: \_\_\_\_\_

\_\_\_ School-sponsored function. Identify function: \_\_\_\_\_

\_\_\_ School bus. Identify: \_\_\_\_\_

\_\_\_ Off school grounds.

Describe: \_\_\_\_\_

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**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 you believe was caused to the student and the basis for your belief.**

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**Additional Sheets Attached** Yes No (circle one)

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

\_\_\_\_\_  
Signature of Person Making Report      Position (staff member/parent/pupil)      Date

**PLEASE SUBMIT FORM TO YOUR BUILDING PRINCIPAL WITHIN 2 DAYS OF WITNESSED INCIDENT.**

Initial Phone Call to Parent/Guardian Date/Time: _____ Made By: _____ Notes: _____
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**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

***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	Person(s) Responsible	Timeline for Implementation

