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

Person Reporting Incident: Name: __________________________    School/Location: ______________

___ 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. Please place an “x” next to the statement(s) that best describes the behavior reported:

___ physical aggression or contact to a pupil
___ teasing or name-calling
___ insulting or demeaning comments
___ threatening comments, gestures or physical acts
___ intimidating conduct toward another pupil
___ spreading harmful rumors or gossip about a pupil
___ getting another person to harm a pupil
___ harassment, intimidation or bullying through electronic communications
___ other – please specify__________________________________________________________

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

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

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_______________________________________________________________________________

_______________________________________________________________________________
c. 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Location/School/Grade</th>
<th>Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________</td>
<td>__________________________</td>
<td>_______</td>
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<tr>
<td>2. ___________</td>
<td>__________________________</td>
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<td>3. ___________</td>
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<td>4. ___________</td>
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<td>5. ___________</td>
<td>__________________________</td>
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</tbody>
</table>

d. 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)