

**STAFFORD TOWNSHIP SCHOOL DISTRICT
HARASSMENT, INTIMIDATION, & BULLYING REPORT FORM 1**

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. _____

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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:

- | | |
|---|--|
| <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/destroying property |
| <input type="checkbox"/> spreading harmful rumors or gossip about a pupil | <input type="checkbox"/> excluding or rejecting a pupil |
| <input type="checkbox"/> getting another person to harm a pupil | <input type="checkbox"/> extorting or exploiting a pupil |
| <input type="checkbox"/> harassment, intimidation or bullying through electronic communications | |
| <input type="checkbox"/> 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:

	<u>Name</u>	<u>Work Location/School/Grade</u>	<u>Witness</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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)