



Harassment, Intimidation, and Bullying (HIB) Referral Form

Person Reporting Incident: _____

___ Student ___ Staff Member ___ Parent/Guardian ___ Volunteer ___ Anonymous

Date of Incident: _____

Location of Incident: _____

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:

1. **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 by any other distinguishing characteristic; and that
2. Takes place on school property, at any school sponsored function, or on a school bus, or off school grounds, as provided for 18A:37-15.3
3. **Substantially disrupts or interferes with the orderly operation of the school or the rights of other pupils;**

AND one or more of the following criteria:

- a. A reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property, or placing a student in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; ***or***
- b. has the effect of insulting or demeaning any student or group of students; ***or***
- c. creates a hostile educational environment for the student by interfering with a student's education or by severely or pervasively causing physical or emotional harm to the student.

Student(s)/Person(s) Alleged to Have Exhibited Harassment, Intimidation or Bullying (HIB) Behavior:

1. _____
2. _____
3. _____

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

1. _____
2. _____
3. _____



Harassment, Intimidation, and Bullying (HIB) Referral Form (continued)

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 _____ | |

Please describe below the details of the incident that you are reporting (or attach a separate sheet):

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	Work Location/School/Grade
1. _____	_____
2. _____	_____
3. _____	_____

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
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Name of Person Receiving Report	Title	Date
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