



# CARLSTADT-EAST RUTHERFORD REGIONAL HIGH SCHOOL DISTRICT



## *Harassment, Intimidation and Bullying Prevention Program* **Harassment, Intimidation and Bullying Report Form**

### **PERSON REPORTING INCIDENT:**

Name:

Student    Staff Member    Parent/Guardian    Volunteer    Other

Date of alleged incident:

Where did the alleged incident occur?

**“Harassment, intimidation, or bullying” means any gesture, any written, verbal or physical act, or any electronic communication, as defined in N.J.S.A. 18A:37-14, whether it be a single incident or a series of incidents that: (must meet 1 and 2) check off which you think applies:**

1. Is 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 any other distinguishing characteristic; and that

2. 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

**(One of the following) check off which you think applies:**

3a. A reasonable person should know, under the circumstances, that the act(s) 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

3b. Has the effect of insulting or demeaning any pupil or group of pupils; or

3c. 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:**

Name:

Name:

Name:

Name:

Name:

Name:

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

Name:

Name:

Name:

Name:

Name:

Name:



**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 a pupil              |
| <input type="checkbox"/> harassment, intimidating, or bullying through electronic communications |                                                         |
| <input type="checkbox"/> other- please specify                                                   |                                                         |

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

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

- Name:
- Name:
- Name:
- Name:
- Name:
- Name:

**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 the report is accurate and true to the best of my knowledge.

Print Name of Person Making Report	Position	Date

Signature of Person Receiving Report	Title	Date

**Incident Number** \_\_\_\_\_ **(to be assigned by Principal or designee)**

**Please download this form, complete it, and resend to:**

**Michele Klamerus at [mklamerus@bectonhs.org](mailto:mklamerus@bectonhs.org)**

**Dario Sforza at [dsforza@bectonhs.org](mailto:dsforza@bectonhs.org)**