



## NEW BRUNSWICK BOARD OF EDUCATION

### Harassment, Intimidation, & Bullying Prevention Training Program

### HARASSMENT, INTIMIDATION, & BULLYING REPORT

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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>
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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
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Name of Person Receiving Report	Title	Date
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Report #: (to be assigned by Principal or designee)