

# LUMBERTON TOWNSHIP SCHOOL DISTRICT

**33 Municipal Drive  
Lumberton, NJ 08048**

## HARASSMENT, INTIMIDATION, & BULLYING REPORT FORM

Person Reporting Incident: Name: \_\_\_\_\_ School/Location: \_\_\_\_\_

\_\_\_ Student \_\_\_ Staff Member \_\_\_ Parent/Guardian \_\_\_ Volunteer \_\_\_ Other: \_\_\_\_\_

Date of alleged incident: \_\_\_\_\_ Time: \_\_\_\_\_

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. _____ Gr. ____ | 2. _____ Gr. ____ |
| 3. _____ Gr. ____ | 4. _____ Gr. ____ |
| 5. _____ Gr. ____ | 6. _____ Gr. ____ |

<i>Office use only</i> Report # _____
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Student(s) Alleged to be the Target of HIB Behavior:

- 1. \_\_\_\_\_ Gr. \_\_\_\_                      2. \_\_\_\_\_ Gr. \_\_\_\_
- 3. \_\_\_\_\_ Gr. \_\_\_\_                      4. \_\_\_\_\_ Gr. \_\_\_\_

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 of Witness</u>	<u>School/Location</u>	<u>Grade</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

**Office Use Only**

\_\_\_\_\_  
Name of Person Receiving Report                      Title                      Date

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

Parent/Guardian phone call:

\_\_\_\_\_  
*Signature of Person Making Call*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date Principal's Parent Notification Letter Sent  
*(To be sent as soon as the yellow HIB Report Form is received.)*

Accused Bully Letter \_\_\_\_\_

Target Letter \_\_\_\_\_

Date "Principal's Parent Notification Letter After Investigation" is sent.  
*(To be sent within five school days after the results of the investigation are reported to the BOE.)*

Accused Bully Letter \_\_\_\_\_

Target Letter \_\_\_\_\_