



**HAMILTON INTERMEDIATE SCHOOL**

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**KEVIN J. STAHL**  
*Assistant Principal*

# Harassment, Intimidation & Bullying Report Form

(Required Form to be used to report HIB Incident)

<b>Person Reporting Incident: Name:</b> _____		<b>School Location:</b> _____	
<b>Please indicate:</b>	___ Staff Member	___ Parent/Guardian	___ Volunteer Other _____
<b>Date &amp; Time of Alleged Incident:</b>	Date: _____	Time: _____	
<b>Where did the alleged incident occur?</b>			

*Under New Jersey law, each of the 3 components listed below must be determined to be present in order for an act of HIB to be substantiated.*

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:

\_\_\_\_\_ 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**

\_\_\_\_\_ 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**

\_\_\_\_\_ 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 or physical or emotional harm to his/her person or damage to his property; **OR**

has the effect of insulting or demeaning any pupil or group of pupils; **OR**

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) alleged to be the Target of Harassment, Intimidation or Bullying (HIB) behavior:**

1.	2.	3.
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**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:			

**Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:**

<input type="checkbox"/>	Race	<input type="checkbox"/>	Color
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Ancestry
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Gender
<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Gender Identity and Expression
<input type="checkbox"/> Mental or Physical or Sensory Disability			
<input type="checkbox"/> OTHER actual or perceived characteristics (list below):			

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


Student(s) Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:		
1.	2.	3.
4.	5.	6.

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	Witness
1.		
2.		
3.		
4.		
5.		

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 that 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)