



HAMILTON INTERMEDIATE SCHOOL

223 HAMILTON STREET
HARRISON, NEW JERSEY 07029
PHONE: (973) 483-6400, ext. 3033
FAX: (973) 482-2054

KEVIN J. STAHL
Assistant Principal

Harassment, Intimidation & Bullying Report Form

(Required Form to be used to report HIB Incident)

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

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.
----	----	----

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)