

Harrison Township School District
120 North Main Street
Mullica Hill, NJ 08062
(856)478-2016

Mr. Robert Scharlé
Business Administrator

Dr. Missy Peretti
Superintendent

Mr. Andrew Davis
Director of Curriculum

Referral for Incident of
Harassment, Intimidation and/or Bullying (HIB)

Date of this report: _____ Check if you wish to remain anonymous. _____

Relationship to School Community

___ Student ___ Staff Member ___ Parent/Guardian ___ Volunteer
___ Community Member ___ Other: _____

Indicate how you learned about the alleged incident:

___ Witnessed Alleged Incident; ___ Informed by Alleged Victim;
___ Informed by Other Person (If so, identify if student, parent, employee, or volunteer):

Have you talked to anyone about this already (student, teacher, other adult)? Circle one: Yes No

If yes, name of person(s) _____

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:

1. 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;
2. 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,
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 of physical or emotional harm to his/her person or damage to his/her 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.

Potential Offender(s)' Name(s):

Potential Victim(s)' Name(s)

Potential Staff Witnesses

Potential Student Witnesses

Please place an "x" next to the statement(s) that best describes the behavior reported:

- physical aggression or contact to a pupil destruction of property
 teasing or name-calling stalking another pupil
 insulting or demeaning comments publicly humiliating a pupil
 threatening comments, gestures or physical acts stealing or theft
 intimidating conduct toward another pupil defacing/destroying property
 spreading harmful rumors or gossip about a pupil excluding or rejecting a pupil
 getting another person to harm a pupil extorting or exploiting a pupil
 harassment, intimidation or bullying through electronic communications
 other – please specify _____

Describe the incident that you saw and heard? (Be specific)

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

- Race Color Religion Ancestry
 National Origin Gender Sexual Orientation
 Gender Identity and Expression Mental, Physical, or Sensory Disability
 Other Distinguishing Characteristic(s): _____
 Not Applicable

Identify what harm you believe was or may have been cause by the alleged incident. Check all that may apply:

Substantial disruption or interference with orderly operation of the school;

Substantial disruption or interference with rights of others;

Physical or emotional harm;

Insulting or demeaning;

Creates a hostile educational environment;

Interferes with student's education;

Other (Please elaborate): _____

Is there any other information regarding this situation that you want to share? (Explain)

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?

No Yes Name of Person _____ Date _____

(if anonymous, please place an X on signature line)

I certify that this information is accurate and true to the best of my knowledge.

Printed Name

Signature

Date

Name and Signature of person receiving the report:

Date Received _____

The Board prohibits any person from falsely accusing another as a means of retaliation or as a means of harassment, intimidation, or bullying.