

Gloucester City Public School District
Gloucester City, NJ
Harassment, Intimidation, Bullying Report Form

Date of report: _____ **Report no.** _____ **(For Bldg. Specialist Use ONLY)**

School _____

Reported by: _____

Date of incident: _____

Person who allegedly committed the HIB- related behavior:

Name _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____

Target of the HIB- related behavior:

Name _____ **Grade** _____

Name _____ **Grade** _____

Harassment, intimidation, and 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. 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
- c. Has the effect of insulting or demeaning any pupil or group of pupils; or
- d. 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.

Describe below the details of harassment, intimidation, or bullying incident you are reporting:

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 _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____

I certify the information contained in this Report is accurate and true to the best of my knowledge.

Signature of Person Making Report

Date

Position of person making report (staff member/parent/pupil/etc). _____