

Frelinghuysen Township School District

908-362-6319

780 Route 94 Newton, NJ 07860

Reporting Form for Harassment, Intimidation and Bullying

Date of Alleged Incident: _____ Person Reporting _____

Alleged victim: _____ Alleged offender: _____

For CSA

Parent(s) called Y/N _____ Date Called _____

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

- _____ Race
- _____ Color
- _____ Religion
- _____ Ancestry
- _____ National Origin
- _____ Gender
- _____ Sexual Orientation
- _____ Gender Identity and expression
- _____ Mental or physical or sensory disability
- _____ Physical attribute
- _____ OTHER actual or perceived characteristics (list below)
- _____
- _____

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- _____ Witnessed incident
- _____ Informed by Alleged Victim
- _____ Informed by other person (identify if student, parent, staff person, other and list below or attach list)
- _____ student parent staff other (_____)
- _____ student parent staff other (_____)
- _____ student parent staff other (_____)
- _____ student parent staff other (_____)

Was someone supervising when the incident occurred?

- _____ student parent staff other (_____)
- _____ student parent staff other (_____)
- _____ student parent staff other (_____)
- _____ student parent staff other (_____)

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List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)
_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)
_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)
_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)

Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (attach additional sheets if necessary).

Additional sheets attached: yes no

Location of alleged HIB incident. Check all that apply and specify/describe location:

School property: _____

School-sponsored function: _____

School bus: _____

Off school grounds: _____

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

- Substantial disruption or interference with orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning
- Creates a hostile educational environment
- Interferes with student's education
- Other (list below)

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Describe in narrative form what harm you believe was caused to the student and the basis for your belief.

Please add any other pertinent information (attach additional sheet if necessary).

Additional sheets attached: yes no

Name *(please print)*

Signature

Date

Check this box if you would prefer to remain anonymous and mail in form.