

East Newark Public School
 501 North Third Street
 East Newark, NJ 07029
 (973) 481-6800 *Fax (973) 485-1344

William G. Shlala
 Superintendent/Principal

Nicole Costeira
 School Anti-Bullying Specialist

Harassment, Intimidation & Bullying Report Form

(Required Form to be used to report HIB Incident)

Name of person making this report: _____			
Relationship:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent/Guardian	
	<input type="checkbox"/> Administrator	<input type="checkbox"/> Student	<input type="checkbox"/> Staff Member
	<input type="checkbox"/> Other		
Date of the incident:		Approximate time	

Where did the incident occur?	<input type="checkbox"/> On school property <input type="checkbox"/> School bus
	<input type="checkbox"/> School sponsored activity/property <input type="checkbox"/> Electronic

Name of Target:		Grade:	
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Name of Offender(s)		Grade:	

List any witness to this incident:		Grade:	

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 gestures, any written, verbal or physical act or any electronic communication, whether it is a single incident or a series of incidents, that it:

_____ reasonably perceived as being motivated by either any actual or perceived characteristic, such as race color, religion, ancestry, national origin, gender, sexual orientation, gender identify and expression or 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 reasonably 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 the pupil's education or by severely or pervasively causing physical or emotional harm to the pupil.

Describe any additional incidents that may represent a pattern of similar behaviors. Be certain to record dates and times (to the extent possible) associated with these issues as well as whether these issues were reported to the school district. (Please use an additional sheet of paper if necessary):

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"/>
<input type="checkbox"/>	Teasing or name calling	<input type="checkbox"/>
<input type="checkbox"/>	Insulting or demeaning comments	<input type="checkbox"/>
<input type="checkbox"/>	Threatening comments, gestures, or physical acts	<input type="checkbox"/>
<input type="checkbox"/>	Intimidating conduct toward another pupil	<input type="checkbox"/>
<input type="checkbox"/>	Spreading harmful rumors or gossip about a pupil	<input type="checkbox"/>
<input type="checkbox"/>	Getting another person to harm a pupil	<input type="checkbox"/>
<input type="checkbox"/>	Harassment, intimidation or bullying through electronic communications	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	Religion	<input type="checkbox"/>
<input type="checkbox"/>	National Origin	<input type="checkbox"/>
<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>
<input type="checkbox"/>	Mental or Physical or Sensory Disability	<input type="checkbox"/>
<input type="checkbox"/>	OTHER actual or perceived characteristics (list below)	

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

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) Date

Name of Person Receiving Report Title Date

Report #: _____ (to be assigned by Principal or designee) Date Received: _____

