Winslow Township Public Schools

Harassment, Intimidation, Bullying Report Form

Date of report:		Report no(For Building Specialist Use ONLY)
Reported by:		
Date of incident:		
Person who allegedly committed the HIE	B- related behavior:	
Name	Grade	
Target of the HIB- related behavior: Name	Grade	

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:

- a. Reasonably perceived as being motivated by either any <u>actual or perceived characteristic</u>, such as *race,* color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability; or
- b. By any other distinguishing characteristic; and that
- c. 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
- d. 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
- e. Has the effect of insulting or demeaning any pupil or group of pupils; or
- f. 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.

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a.	Describe below the details of harassment, intimidation, or bullying incident you are reporting include details on which actual or perceived characteristic from the HIB definition was violated.			
				
b.	Please list below the name(s) of any the incident you are reporting:	person(s) or pupil(s) you believe either witnessed or	have knowledge of	
	Name	Grade		
I certif	fy the information contained in this Re	port 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	
Repor	t #:(to be assigned by I	Principal or designee)		