

Robbinsville SCHOOLS

Harassment, Intimidation or Bullying

Initial Reporting Form

Case Number:

Harassment, intimidation and bullying means conduct, including verbal conduct, that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being, and is motivated by an actual or a perceived personal characteristic such as race, national origin, marital status, gender or gender identity, sexual orientation, religion or disability, or is threatening or seriously intimidating.

Directions: Harassment, Intimidation or Bullying are serious and will not be tolerated. Please use this form to report alleged harassment, intimidation or bullying that occurred on school property, at a school-sponsored activity or event off school property, on a school bus, or on the way to and / or from school. If you are a student victim, the parent/ guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged harassment, intimidation or bullying, please complete and return this form to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Today's Date:		Date(s) of Incident:	
School:		Incident Location:	

PERSON REPORTING INCIDENT (Please Print)

Name:		Telephone:	
Relationship to Student:		Did you witness the incident?	

1. Name of Student Victim: _____ Age: _____

2. Name(s) of alleged offender(s) (If known):	Age	School	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Where did the incident happen? Choose all that apply.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> School bus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> On the way to/from school | |
| <input type="checkbox"/> Playground / Recess | <input type="checkbox"/> At a school-sponsored activity or event off school property | |

4. Place an X next to the statement(s) that best describes what happened. Choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning remarks and making the victim of jokes
- Making rude or threatening gestures
- Excluding or rejecting the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Electronic bullying
- Other: _____

5. What did the alleged offender(s) say or do? _____

6. Was there a precipitating event? Yes No If yes, what was it? _____

7. Did a physical injury result from this incident?
 No Yes, but it did not require medical attention Yes, and it required medical attention

8. Was the student victim absent from school as a result of the incident? Yes No
If yes, how many days was the student absent from school as a result of the incident? _____

9. Is there any additional information you would like to provide? _____

Signature: _____ Date: _____