



## Hunterdon Preparatory School

11 Spencer Lane, Annandale, NJ 08801  
Phone: (908) 832-7200 Fax: (908) 832-9772

### Harassment, Intimidation, and Bullying Incident Form

Person Reporting Incident: Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Student \_\_\_ Staff Member \_\_\_ Parent/Guardian \_\_\_ Volunteer \_\_\_ Other: \_\_\_\_\_

Date of alleged incident: \_\_\_\_\_ Approx. time of Incident: \_\_\_\_\_

Where did incident occur?

- On school property: (specify location) \_\_\_\_\_
- School Bus
- At a school sponsored activity
- Electronic
- Off school grounds: (specify location) \_\_\_\_\_

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 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. 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 by severely or pervasively causing physical or emotional harm to the pupil.

Reason/Type of Bullying (Check all the apply)

- Race/Color
- Religion
- Gender/Sexual Comments
- Disability
- Sexual Orientation
- Other (explain): \_\_\_\_\_



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Did a physical injury result from the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

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:

<u>Name</u>	<u>Witness or Knowledge of</u> <u>(Please specify which)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Did you file a verbal report with the Principal or designee on the same day of witnessing or receiving reliable information regarding the behavior being reported? \_\_\_\_\_ Yes \_\_\_ No

I certify 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, etc.)    Date

\_\_\_\_\_  
Name of Person Receiving Report    Title    Date

**FOR ADMINISTRATIVE USE ONLY**

Date Investigation Concluded: \_\_\_\_\_

Finding: Is this a Bullying/Harassment/Intimidation incident? Yes \_\_\_\_\_ No \_\_\_\_\_

Report # \_\_\_\_\_ (Designated by the Principal)

