

# BLOOMSBURY ELEMENTARY SCHOOL

20 Main Street  
Bloomsbury, New Jersey 08804  
[www.bburys.com](http://www.bburys.com)

(908) 479-4414

Fax: (908) 479-1631

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MICHAEL SLATTERY  
Chief School Administrator

TIM MANTZ  
Business Administrator

Person Reporting Incident: Name: \_\_\_\_\_ School/Location: \_\_\_\_\_

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

Date of alleged incident: \_\_\_\_\_ Where did the alleged incident occur? \_\_\_\_\_

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**
- 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**
- 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.

Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
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Student(s) Alleged to be the Target of HIB Behavior:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

a. 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"/> destruction of property         |
| <input type="checkbox"/> teasing or name-calling  | <input type="checkbox"/> stalking another pupil          |
| <input type="checkbox"/> insulting or demeaning comments  | <input type="checkbox"/> publicly humiliating a pupil    |
| <input type="checkbox"/> threatening comments, gestures or physical acts                        | <input type="checkbox"/> stealing or theft               |
| <input type="checkbox"/> intimidating conduct toward another pupil                              | <input type="checkbox"/> defacing/destroying property    |
| <input type="checkbox"/> spreading harmful rumors or gossip about a pupil                       | <input type="checkbox"/> excluding or rejecting a pupil  |
| <input type="checkbox"/> getting another person to harm a pupil                                 | <input type="checkbox"/> extorting or exploiting a pupil |
| <input type="checkbox"/> harassment, intimidation or bullying through electronic communications |  |
| <input type="checkbox"/> other – please specify _____   |  |

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

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- c. 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>Work Location/School/Grade</u>	<u>Witness</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

- d. Did you file a verbal report with the Principal or designee on the same day of witnessing or receiving reliable information regarding 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

Report #: \_\_\_\_\_ (to be assigned by Bullying Specialist)

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