

Pittsgrove Township School District

Harassment, Intimidation and Bullying Reporting Form

Norma Elementary
873 Gershal Avenue
Pittsgrove, NJ 08318
856-358-6904
Fax 856-691-2885

Elmer Elementary
P.O. Box 596, 207 Front Street
Elmer, NJ 08318
856-358-6761
Fax 856-358-7550

Olivet Elementary
235 Sheep Pen Road
Pittsgrove, NJ 08318
856-358-2081
Fax 856-358-0231

Pittsgrove Township Middle School
1082 Almond Road
Pittsgrove, NJ 08318
856-358-8529
Fax 856-358-2686

A.P. Schalick High School
718 Centerton Road
Pittsgrove, NJ 08318
856-358-2054
Fax 856-358-7063

Date of Alleged Incident _____

Who is the Alleged HIB victim _____

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

- _____ Race
_____ Color
_____ Religion
_____ Ancestry
_____ National Origin
_____ Gender
_____ Sexual Orientation
_____ Gender Identity and Expression
_____ Mental or Physical or Sensory Disability
_____ OTHER actual or perceived characteristic (list below): _____

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- _____ Witnessed Incident
_____ Informed by Alleged Victim
_____ Informed by other person (identify if student, parent, staff, other, and list below or attach list)
_____ student parent staff other (_____)
_____ student parent staff other (_____)
_____ student parent staff other (_____)

Was someone supervising when the incident occurred?

_____ student parent staff other (_____)

_____ student parent staff other (_____)

_____ student parent staff other (_____)

_____ student parent staff other (_____)

List below any person who you know or have reason to believe may have relevant information, and indicate if student, parent, staff member or other.

_____ student parent staff other (_____)

_____ student parent staff other (_____)

_____ student parent staff other (_____)

_____ student parent staff other (_____)

Describe nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written verbal or physical act(s), or any electronic communication (attach additional sheets if necessary).

Location of alleged H/I/B incident. Check and complete all that apply:

School property. Identify: _____

School-sponsored function. Identify function: _____

School bus. Identify: _____

Off school grounds. Describe: _____

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

- Substantial disruption or interference with orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning
- Creates a hostile educational environment
- Interferes with student's education

Describe in narrative form what harm you believe was caused to the student and the basis for your belief.

Please add any other pertinent information on reverse of form.

Name/Anonymous

Date

For Office Use Only

Date Principal Received HIB report: _____

Initial: _____

Date Principal Contacted Parent: _____

Initial: _____

Date Principal Forward HIB report to ABS: _____

Initial: _____

Date ABS received HIB report: _____

Initial: _____

Case #: _____