

# Brigantine Public Schools

## BULLYING, HARASSMENT, OR INTIMIDATION REPORTING FORM

**DIRECTIONS:** Bullying, harassment, or intimidation are serious and will **NOT** be tolerated. This is a form to report alleged bullying, harassment, or intimidation 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, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close relative of a student victim, or a staff member and wish to report an incident of alleged bullying, harassment, or intimidation, complete this form and return it to the Principal at the student victim's school. Anonymous reports will also be investigated, but formal disciplinary action may not be based solely on the basis of an anonymous report. Contact the school for additional information or assistance at any time.

Bullying, harassment, or intimidation means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication 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 including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental disability; or,
- threatening or seriously intimidating; and,
- occurs on school property, at a school activity or event, or on a school bus; or,
- substantially disrupts the orderly operation of a school.

"Electronic communication" means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer, pager, or any other electronic device.

Today's Date: \_\_\_\_\_ Target Student Attends: \_\_\_\_\_

1. Name of Reporter/Person Filing the Report: \_\_\_\_\_
2. Check whether you are the:     Target of the Behavior                     Reporter (not the target)
3. Check whether you are:     Student                     Parent                     Administrator  
     Other (specify) \_\_\_\_\_  
     Staff Member (role and school) \_\_\_\_\_

Your contact information/phone number(s)/e-mail: \_\_\_\_\_

4. Information about the Incident(s):  
    Name of Target (of behavior): \_\_\_\_\_ Age: \_\_\_\_\_  
    Name(s) of Aggressor(s): \_\_\_\_\_  
    Date(s) of Incidents: \_\_\_\_\_  
    Time(s) of Day: \_\_\_\_\_  
    Location(s) of Incident(s) (as specific as possible): \_\_\_\_\_  
    \_\_\_\_\_

5. Witnesses (List people who saw the incident or have information about it.)  
    Name: \_\_\_\_\_                     Student                     Staff                     Other \_\_\_\_\_  
    Name: \_\_\_\_\_                     Student                     Staff                     Other \_\_\_\_\_  
    Name: \_\_\_\_\_                     Student                     Staff                     Other \_\_\_\_\_

6. Incident(s) Description – Place an X next to each and all areas below that best describe what happened and use the space below these to provide further details if necessary including the specific actions of the parties with names of who did and said what.

- |   |   |
|---|---|
| <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression    | <input type="checkbox"/> Spreading harmful rumors or gossip     |
| <input type="checkbox"/> Getting another person to hit or harm the student                              | <input type="checkbox"/> Making rude or threatening gestures    |
| <input type="checkbox"/> Teasing, name-calling, criticizing, or threatening in person or by other means | <input type="checkbox"/> Excluding or rejecting the target      |
| <input type="checkbox"/> Insulting or demeaning any pupil or group of pupils                            | <input type="checkbox"/> Intimidating, extorting, or exploiting |
| <input type="checkbox"/> Electronic Communication (specify) _____                                       |   |
| <input type="checkbox"/> Other (specify) _____  |   |

Please provide further details below: \_\_\_\_\_

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7. Signature of Person Filing the Report: \_\_\_\_\_ Date: \_\_\_\_\_

8. Disposition – Completed Report Forms should be given or sent directly to the building Principal where the target attends.

Receiving Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INVESTIGATION**

9. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

10. Interviews:

\_\_\_ Interviewed aggressor(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Interviewed Target Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Interviewed Witnesses Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Attachment if Necessary

11. Any prior documented incidents by aggressor(s): \_\_\_ YES \_\_\_ NO

If YES, explain and state if they involved this current target or target group:

\_\_\_\_\_  
\_\_\_\_\_

12. Summary of Investigation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**CONCLUSIONS FROM THE INVESTIGATION**

13. Finding of bullying, harassment, or intimidation and/or retaliation:    \_\_\_ YES                    \_\_\_ NO  
                          \_\_\_ HIB                    \_\_\_ Incident documented as \_\_\_\_\_  
                          \_\_\_ Retaliation            \_\_\_ Discipline referral only \_\_\_\_\_
14. Did a physical injury result from this incident? \_\_\_ NO \_\_\_ YES – If YES, did it require medical attention? \_\_\_ YES \_\_\_ NO
15. Corrective actions taken in this case (choose all that apply):
- |   |  |
|---|--|
| ___ None were required (False Allegation) | ___ None, the incident did not warrant any corrective action |
| ___ Student Conference                    | ___ Student Warning  |
| ___ Letter of Apology                     | ___ Counseling   |
| ___ Parent Letter                         | ___ Parent Phone Call  |
| ___ Parent Conference                     | ___ Detention  |
| ___ In-School Suspension                  | ___ Out-of-School Suspension                                 |
| ___ I & RS Referral                       | ___ Expulsion Proceedings Commenced                          |
| ___ Referred to Law Enforcement           | ___ Other (specify) _____                                    |
16. Contacts:                    \_\_\_ Target’s parent/guardian                    Date: \_\_\_\_\_  
     \_\_\_ Aggressor’s parent/guardian                    Date: \_\_\_\_\_
17. Please note any other pertinent information in the space below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Copy of Report sent to:
- |   |             |
|---|-------------|
| ___ Principal (if not the Investigator) | Date: _____ |
| ___ Superintendent                      | Date: _____ |
| ___ District HIB Coordinator            | Date: _____ |
| ___ School Level Coordinator            | Date: _____ |

Signature and Title of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

*Original copy should be retained by the Investigator and destroyed after one year.*