

# SOUTHAMPTON TOWNSHIP SCHOOLS

## HARASSMENT, INTIMIDATION, OR BULLYING REPORTING FORM Grades K-4



**Directions:** Harassment, intimidation, and bullying are serious and will not be tolerated. This is a form to report alleged harassment, intimidation, and/or bullying that occurred on school property, at a school sponsored event, or on the way to or from school in the current school year. Please complete this form, if you believe you are the parent/guardian of a student victim, or a school staff member and wish to report an incident. The completed form is to be submitted to the school principal.

Today's Date: \_\_\_\_\_ School #: \_\_\_\_\_

Name of person reporting incident: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please check one: I am a

<input type="checkbox"/> Parent /guardian	<input type="checkbox"/> Staff member
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Name of student victim: \_\_\_\_\_

Name(s) of alleged offenders	Age	Grade	Is he/she a student?

On what date(s) did the incident occur? \_\_\_\_\_

How long has this been an ongoing problem? \_\_\_\_\_

Has the student talked to anyone about this problem? Circle Yes or No

If yes, who is the person: \_\_\_\_\_

Where did the incident(s) occur (choose all that apply)?

<input type="checkbox"/> classroom	<input type="checkbox"/> hallway	<input type="checkbox"/> playground
<input type="checkbox"/> cafeteria	<input type="checkbox"/> lavatory	<input type="checkbox"/> bus stop
<input type="checkbox"/> bus	<input type="checkbox"/> at a school sponsored event off of property	

Witness(es) names (if any) \_\_\_\_\_

What did the alleged offender(s) say or do? \_\_\_\_\_

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

Did a physical injury result from this incident? Yes or No

Did it require medical attention? Yes or No

Was the victim seen by the school nurse? Yes or No Date: \_\_\_\_\_

(if yes, attach nurse's report)

\*\*\*\*\* Administrative Follow-up\*\*\*\*\*

Incident Level: 1 2 3 Type of HIB: \_\_\_ Physical \_\_\_ Emotional \_\_\_ Social

\_\_\_\_\_ Initial date of meeting with reporting student/ staff member / parent or guardian

\_\_\_\_\_ Date of follow-up with alleged offender(s)

\_\_\_\_\_ Date of follow-up with reporting student/ staff member/ parent or guardian

\_\_\_\_\_ Date notified Affirmative Action Officer (if warranted)

Offender Consequences: (Check all that apply)

<input type="checkbox"/> verbal warning	<input type="checkbox"/> written warning	<input type="checkbox"/> parent conference
<input type="checkbox"/> detention	<input type="checkbox"/> suspension	<input type="checkbox"/> NJ State Police Notified
<input type="checkbox"/> expulsion	<input type="checkbox"/> other	<input type="checkbox"/> other

Social Learning Recommendation for Offender:

<input type="checkbox"/> meeting with counselor
<input type="checkbox"/> individual counseling sessions
<input type="checkbox"/> small group counseling sessions
<input type="checkbox"/> other:

Social Support for Victim:

<input type="checkbox"/> meeting with counselor
<input type="checkbox"/> individual counseling sessions
<input type="checkbox"/> small group counseling sessions
<input type="checkbox"/> other:

Notes: \_\_\_\_\_

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

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Anti-Bullying Specialist's Signature

\_\_\_\_\_  
Date

(This report and all documentation will be kept on file in the principal's office)