

## Bullying Incident Report Form

Rumson School District

<b>Name of Alleged Victim(s):</b>		<b>School Attended by Alleged Victim:</b> List any that apply or Unknown if not sure:			
<b>Name of Alleged Student(s) committing Harassment, Intimidation, or Bullying:</b>		<b>School Attended by Alleged Student:</b> List any that apply or Unknown if not sure:			
<b>Mark <u>all</u> boxes below in which the actual or perceived characteristic was or may have been a motivational factor in the alleged HIB incident:</b>					
Race: <input type="checkbox"/>	Color: <input type="checkbox"/>	Religion: <input type="checkbox"/>	Ancestry: <input type="checkbox"/>	National Origin: <input type="checkbox"/>	Gender: <input type="checkbox"/>
Sexual Orientation: <input type="checkbox"/>		Gender Identity and Expression: <input type="checkbox"/>		Mental or Physical Disability: <input type="checkbox"/>	
Other actual or perceived characteristic: (Please list)					
<b>How did you learn that a student may have been the victim of harassment, intimidation or bullying? Mark the appropriate box below.</b>					
Witnessed incident: <input type="checkbox"/>		Informed by other person: <input type="checkbox"/>			
Informed by Alleged Victim: <input type="checkbox"/>		Name of other person:			
<b>List below any person who you know or have reason to believe may have information regarding this matter. Please list if they are a student, staff member, parent, or other. (Ex: John Doe, teacher)</b>					
<b>What was the location and time of the alleged harassment, intimidation or bullying incident?</b>					
Location on school property:	Name/date of school sponsored function:	School Bus incident: a.m. – <input type="checkbox"/> p.m. – <input type="checkbox"/> Field trip – <input type="checkbox"/> Other – <input type="checkbox"/>	Off school grounds - Explain:	Electronic communication: <input type="checkbox"/> (cell phone, internet, digital media, etc.)	
<b>Describe nature of alleged harassment, intimidation or bullying. Include any gesture, relevant verbal, written or physical act(s), or any electronic communication.</b>					
<b>What harm do you believe was or may have been caused by the alleged incident? Check all that apply.</b>					
Substantial disruption or interference with orderly operation of school rights of others: <input type="checkbox"/>					
Physical or emotional harm: <input type="checkbox"/>		Insulting or demeaning: <input type="checkbox"/>		Damage to property: <input type="checkbox"/>	
Fear of physical/emotional harm: <input type="checkbox"/>				Fear of damage to property: <input type="checkbox"/>	
Creates a hostile educational environment: <input type="checkbox"/>			Interferes with student's education: <input type="checkbox"/>		
<b>You may choose to submit this report anonymously. Please note, in accordance with the Anti-Bullying Bill of Rights Act, no formal disciplinary action is permitted on the basis of anonymous reporting alone.</b>					
<b>Print Name of Person Reporting:</b>		<b>Signature:</b>		<b>Date:</b>	

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