

# Clearview Regional H.S. District

## Harassment, Intimidation and Bullying Incident Report Form

Alleged Victim(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Alleged Aggressor(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Initial Report to Principal: \_\_\_\_\_

**\*\*You are required to verbally report to the Principal or Assistant Principal on the same day the incident occurs. A written report must be submitted to the Principal or AP within 2-days of the reported incident.\*\***

Policy #5512

“Harassment, intimidation, or bullying” means any gesture, any written, verbal or physical act, or any electronic communication, as defined in N.J.S.A. 18A:37-14, whether it be a single incident or a series of incidents that:

**Section A**

- 1.) Is 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
- 2.) By any other distinguishing characteristic; and that

**Section B**

- 3.) 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 that

**Section C**

- 4.) A reasonable person should know, under the circumstances, that the act(s) 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
- 5.) Has the effect of insulting or demeaning any pupil or group of pupils; or
- 6.) 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.

Description of Event/Concern:

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**For Administrators Only**

(Aggressor)Parent Contact Made By: \_\_\_\_\_ Date: \_\_\_\_\_

(Victim)Parent Contact Made By: \_\_\_\_\_ Date: \_\_\_\_\_