

Hopewell Valley Regional School District

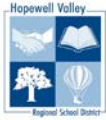
Harassment, Intimidation, Bullying (H/I/B) Reporting Form

FORM 1

School:	Case #:
Name of alleged victim:	Grade:
Person completing this report:	Date of alleged incident:
Informed By	Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying: <input type="checkbox"/> Witnessed incident <input type="checkbox"/> Informed by alleged victim <input type="checkbox"/> Alleged victim <input type="checkbox"/> Informed by other person (Identify if student, parent, staff person, or other)
Location of H/I/B	Location of alleged H/I/B. Check & complete all that apply: <input checked="" type="checkbox"/> School property. Identify: <input type="checkbox"/> School-sponsored function. Identify function: <input type="checkbox"/> School bus. Identify: <input type="checkbox"/> Off school grounds. Describe:
Motivation	Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident: <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Gender identity and Expression <input type="checkbox"/> Color <input type="checkbox"/> Gender <input type="checkbox"/> Mental, Physical or Sensory Disability <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Real or perceived power imbalance <input type="checkbox"/> Ancestry <input type="checkbox"/> Other actual or perceived characteristic:
Harm Caused	Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply: <input type="checkbox"/> Physical or emotional harm <input type="checkbox"/> Insulting or demeaning <input type="checkbox"/> Creates a hostile educational environment <input type="checkbox"/> Interferes with student's education <input type="checkbox"/> Substantial disruption or interference with orderly operation of school or rights of others.

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

This form is to be filled out by the person who has reliable information and emailed to the Building Principal and Anti-bullying Specialist within two (2) days of the verbal report.



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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.

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

Name of person completing this report

Date

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