

Jersey City Public Schools
Harassment, Intimidation, and Bullying Incident Reporting Form

(For purposes of this form, bullying encompasses harassment and intimidation and means doing, saying or acting in a way that hurts someone else or makes him or her feel bad intentionally. Bullying may consist of the following types of behavior: verbal bullying (name-calling); physical bullying (punching, pushing); social bullying (leaving someone out of a game or group on purpose); extortion (stealing someone's money) and cyberbullying (using e-mail, instant messaging, the Internet, mobile phones, etc. to bully others)).

1. Name of Reporter/Person Filing the Report: _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor based solely on an anonymous report.)

2. Check whether you are the: Target of the behavior (victim) Reporter (not the victim)

3. Check whether you are a: Student Staff member (specify role) _____
 Parent Administrator Other (specify) _____

Your contact information/telephone number: _____

5. Information about the Incident:

Name of Target (Victim): _____

Name of Aggressor (Accused) (Person who engaged in the behavior) _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

Did the incident include electronic communication _____ if so, where _____

If able, please provide the link of the site: _____

6. Witnesses (List people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

7. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary.

FOR ADMINISTRATIVE USE ONLY

8. Signature of Person Filing this Report: _____ Date: _____
(Note: Reports may be filed anonymously.)

9. Form Given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____

All acts of HIB must be reported verbally to the principal on the same day if witnessed by a school employee and/or contracted provider.

BE BOLD BAN BULLYING