

Laurel Springs School District  
Harassment, Intimidation, or Bullying reporting Form

**This form is to be confidentially maintained in accordance with the  
*Family Educational Rights and Privacy Act.***

**Directions:** this is a form to report alleged harassment, intimidation or bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, a staff member, or a witness, and wish to report an incident of alleged harassment or intimidation (bullying), complete this form and return it to the Principal of the student victim's school. Contact the school for additional information or assistance at any time. PLEASE PRINT ALL INFORMATION.

Harassment, intimidation or bullying means any gesture, any written, verbal, or physical act, or any electronic communication (including telephone, cell phone, computer, pager, etc.) whether it be a single incident or a series of incidents as provided for in section 16 of P.L.2010, c.122 (C.18A:37-15.3), that substantially disrupts or interferes with the orderly operation of the school or the rights of other students and is motivated by an actual or perceived personal characteristic such as race, national origin, sexual orientation, gender, religion, or disability.

Today's date: \_\_\_\_\_ School \_\_\_\_\_

**Person Reporting Incident:**

Name: \_\_\_\_\_ If a student, grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place a √ in the appropriate box: ☐ Student Victim ☐ Student Witness ☐ Parent/Guardian  
☐ Staff Member ☐ Witness ☐ Other \_\_\_\_\_

1. Name of student victim: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name(s) of alleged offender(s), if known.	Age	School	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. On what date(s) did the incident happen? \_\_\_\_\_

4. Where did the incident happen (✓ all that apply)?

- ☐ On school property      ☐ On a school bus      ☐ On the way to or from school  
☐ Off school grounds      ☐ At a school-sponsored activity off school property

5. Place a ✓ next to the statement(s) that best describes what happened (choose all that apply):

- ☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something  
☐ Getting another person to hit or harm the student  
☐ Teasing, name-calling, making critical remarks, or threatening, in person or by other means  
☐ Demeaning and making the victim the brunt of jokes  
☐ Making rude and/or threatening comments or gestures  
☐ Excluding or rejecting the student  
☐ Intimidating (bullying), extorting, or exploiting  
☐ Spreading harmful rumors or gossip  
☐ An electronic device (telephone, cellular phone, computer or pager) was used  
☐ Other (specify): \_\_\_\_\_

6. What did the alleged offender(s) say or do?

7. Why did the harassment, intimidation or bullying occur?

8. Did a physical injury result from the incident? Place a ✓ next to one of the following:

- ☐ No    ☐ Yes, but did not require medical attention    ☐ Yes, and required medical attention

9. If there was a physical injury, do you think there will be permanent effects? ☐ Yes    ☐ No

10. Was the student victim absent from school as a result of the incident?    ☐ Yes    ☐ No

11. Did a psychological injury result from this incident? Place a ✓ next to one of the following:

- ☐ No    ☐ Yes, psychological services were not sought    ☐ Yes, psychological services were sought

12. Is there any additional information you would like to provide?

Signature of Person Making Report \_\_\_\_\_

Printed Name of Person Making Report \_\_\_\_\_

Date Submitted \_\_\_\_\_