

RUNNEMEDE PUBLIC SCHOOLS

HARASSMENT, INTIMIDATION AND BULLYING REPORT FORM

Date of verbal report: _____ Date of written report*: _____

**This Report must be submitted to the Principal within two days of the verbal report of the incident.*

Name and school of student who may have been the victim of harassment, intimidation or bullying:

Name of student(s)/person(s) accused of harassment, intimidation or bullying behavior:

Check whether you:

Are the target of the behavior

Were informed by the alleged victim

Are reporting anonymously

Witnessed the incident

Were informed by another person:

Check whether you are a:

Student

Parent

Staff Member _____

Visitor

Volunteer

Administrator _____

Contracted Service Provider

Other _____

Date of alleged incident: _____

Location of alleged incident:

On school property (specify) _____

On school bus

At school-sponsored function (specify) _____

Off school grounds (specify) _____

Incident description (check all that apply):

Act of physical aggression

Rude or threatening gestures

Spreading harmful rumors/gossip

Electronic communication

Demeaning/making the target student the victim of jokes

Other (specify) _____

Teasing/name-calling/criticizing

Threatening by other means

Getting another person to hit or harm the victim

Excluding or rejecting the target student

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

Race

Color

Religion

Ancestry

National Origin

Gender

Sexual Orientation

Gender Identity/Expression

Mental, Physical or Sensory Disability

Other _____

