

**Gloucester City Public School District**  
**Gloucester City, NJ**  
**Harassment, Intimidation, Bullying Report Form**

Date of report: \_\_\_\_\_ **Report no.** \_\_\_\_\_ **(For Bldg. Specialist Use ONLY)**

School \_\_\_\_\_

Reported by: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Person who allegedly committed the HIB- related behavior:

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Target of the HIB- related behavior:

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Harassment, intimidation, and bullying means any gesture, any written, verbal or physical act or any electronic communication, whether it is a single incident or a series of incidents, that is:

- a. 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
- b. A reasonable person should know under the circumstances 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
- c. Has the effect of insulting or demeaning any pupil or group of pupils; or
- d. 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.

Describe below the details of harassment, intimidation, or bullying incident you are reporting:

Please list below the name(s) of any person(s) or pupil(s) you believe either witnessed or have knowledge of the incident you are reporting:

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

I certify the information contained in this Report is accurate and true to the best of my knowledge.

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Signature of Person Making Report

Date

Position of person making report (staff member/parent/pupil/etc). \_\_\_\_\_