



Case # \_\_\_\_\_ (ABS use only)

BERGEN COUNTY TECHNICAL SCHOOLS/SPECIAL SERVICES

**Harassment, Intimidation and Bullying Reporting Form – Staff/Visitor/Parent**

**\*Report must be filed 2 days after reporting to the building principal/designee**

If you fear a student is in IMMEDIATE DANGER contact their home, school and the police immediately. Thank you.

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Date reported to principal/designee: \_\_\_\_\_

Target(s):

1. Name: \_\_\_\_\_ Program \_\_\_\_\_  
 Grade: \_\_\_\_ Gender:  Male  Female

2. Name: \_\_\_\_\_ Program \_\_\_\_\_  
 Grade: \_\_\_\_ Gender:  Male  Female

Offender(s):

1. Name: \_\_\_\_\_ Program \_\_\_\_\_  
 Grade: \_\_\_\_ Gender:  Male  Female

2. Name: \_\_\_\_\_ Program \_\_\_\_\_  
 Grade: \_\_\_\_ Gender:  Male  Female

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

- Race  Color  Mental, Physical or Sensory Disability  Religion  Ancestry  National Origin
- Gender  Gender Identity or Expression  Sexual Orientation  Other Actual or Perceived Characteristic

Location of alleged HIB. Check and complete all that apply:

- School Property: Identify \_\_\_\_\_
- School Sponsored Function: Identify \_\_\_\_\_
- School Bus: Identify Bus Company \_\_\_\_\_
- Off School Grounds: Describe \_\_\_\_\_

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

- Physical or Emotional Harm  Insulting or Demeaning  Interferes with Student's Education
- Creates a Hostile Educational Environment  Substantial Disruption or Interference with Orderly Operation of School or Rights of Others

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**Details of Incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Witness(es)**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student**  **Staff**  **Parent**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student**  **Staff**  **Parent**

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**Person Submitting Report:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

**Signature of Reporting Party:** \_\_\_\_\_ **Date this form submitted:** \_\_\_\_\_

**Signature of Principal or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*PLEASE ADD ANY OTHER PERTINENT INFORMATION ON REVERSE SIDE OF FORM\*\*\***