



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: _____

Grade: ____ Gender: Male Female School: ATHS Hackensack Paramus Teterboro

2. Name: _____

Grade: ____ Gender: Male Female School: ATHS Hackensack Paramus Teterboro

Offender(s): 1. Name: _____

Grade: ____ Gender: Male Female School: ATHS Hackensack Paramus Teterboro

2. Name: _____

Grade: ____ Gender: Male Female School: ATHS Hackensack Paramus Teterboro

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: _____

Witness(es)

Name: _____ **Grade:** _____ **Student** **Staff** **Parent**

Name: _____ **Grade:** _____ **Student** **Staff** **Parent**

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*****