

**East Orange School District  
Division of Operations, Compliance & Educational Services**

**Report of Allegations of Harassment,  
Intimidation or Bullying**

**School** \_\_\_\_\_ **Date** \_\_\_\_\_

**Incident Reporter Name** \_\_\_\_\_ **Contact Info** \_\_\_\_\_

Reporter is a     Student                       Staff                       Parent/Guardian  
 Other                       Anonymous \*

Incident Reporter is  Alleged Victim  Witnessed Incident  Was Informed by Victim

Other: Explain how you learned of incident \_\_\_\_\_

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Name of Alleged Target of HIB \_\_\_\_\_ Grade \_\_\_\_\_

**Information on those accused of HIB**

Name	Age	Grade	School

\* Please note reports may be filed anonymously; however, no disciplinary consequences will be taken against an alleged aggressor(s) solely on the basis of an anonymous report

Names of any person who may have either witnessed or who may have relevant information regarding incident:

<b>Date(s) of Incident :</b>
<b>Approximate Time of Incident:</b>
<b>Location of alleged H/I/B. Check all that apply:</b>
<input type="checkbox"/> School property-Identify: <input type="checkbox"/> School-sponsored function-Identify function: <input type="checkbox"/> School bus-Identify: <input type="checkbox"/> Off school grounds-Describe: <input type="checkbox"/> Electronic/Social Media-Describe:
<b>Check all actual or perceived characteristics that were or may be motivational factors in the alleged bullying incident:</b>
<input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Gender Identity and Expression <input type="checkbox"/> Color <input type="checkbox"/> Gender <input type="checkbox"/> Mental, Physical or Sensory Disability <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Other actual or perceived characteristic:

**Identify what behavior you believe occurred in the alleged incident(s).**

**Check all that apply:**

- Physical aggression or contact
- Stalking victim
- Teasing or name-calling
- Publicly humiliating victim
- Insulting or demeaning comments
- Excluding or rejecting victim
- Threatening comments, gestures or physical acts
- Extorting or exploiting victim
- Intimidating conduct
- Stealing or theft
- Spreading harmful rumors or gossip
- Destruction of property
- Getting another person to harm someone else
- Defacing property
- HIB through electronic communication
- Other
- Unsolicited or inappropriate physical contact or comments, including that of a sexual nature

**Did Physical Injury result from the Incident: (Check one)**

- No, physical injury resulted from incident
- Yes, medical attention required (if yes, respond below)
- Yes, medical attention NOT required
- Medical documentation attached

**Was student absent from school as a result of the incident?**

- No
- Yes, if yes, how many days absent? \_\_\_\_\_

Describe the alleged HIB incident in detail (use additional sheet if necessary):

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Please attach any other pertinent information.

Signature of person submitting form: \_\_\_\_\_

Date: \_\_\_\_\_

Are you:  Staff  Student  Parent/Guardian  Other

Signature of person receiving form: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_