Cliffside Park Public Schools Cliffside Park, New Jersey 07010

Person Reporting Incident: Nam	School/Location:					
Student Staff Member _	Parent/GuardianVoluntee	r Other:				
Date of alleged incident: Where did the alleged incident occur?						
Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:						
1	2	3				
4	5	_ 6				
Student(s) Alleged to be the Target of HIB Behavior:						
1.	2.	3.				

Under New Jersey law, "harassment, intimidation, or 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. By any other distinguishing characteristic; and that
- c. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3, that substantially disrupts or interferes with the orderly operation of the school or the rights of other pupils; and that
- d. 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
- e. Has the effect of insulting or demeaning any pupil or group of pupils; or
- f. 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.

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

b. 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	Work Location/School/Grade	Witness
1.			
2.	<u> </u>		
3.			
4.			
5.			

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

Signature of Person Making Report	Position (staff member/parent/pupil/etc.)	Date
Name of Person Receiving Report	Title	Date

Report #: _____ (to be assigned by Principal or designee)