

*Roselle Park Public Schools
510 Chestnut Street
Roselle Park, New Jersey 07204*

"A high performing district"

INCIDENT REPORTING FORM FOR BULLYING*

Person Reporting Incident: _____ **Date this report was written:** _____

Date & location of Incident: _____ **Date Given to Principal:** _____

****Before completing, please make sure one of the following criteria applies; if none of the below apply, please report as a conflict or disruption using an O.J. as per the Handbook and Code of Conduct.***

HIB incident applied to one or more of the following category:

- Race Color Religion Ancestry Origin Gender
- Sexual Orientation Gender Identity or expression
- Mental, Emotional, Physical, or Sensory Disability
- Other distinguishing characteristics; (for example) Social exclusion from groups

Mode:

- Gesture Written Verbal Physical (major or minor) Electronic Communication

Please check what applies:

- Student substantially disrupted or interfered with orderly operation of school or the rights of other students
- Offender knew action would physically or emotionally cause harm to the victim or damage to the victim's property
- Victim was in fear of physical or emotional harm or damage to personal property
- Insulted or demeaned a student or a group of students
- Interfered with victim's education
- Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

Mark the statement(s) that best describes the behavior reported:

- | | |
|---|--|
| <input type="checkbox"/> Physical aggression or contact to a student | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Intimidating conduct toward another student | <input type="checkbox"/> Defacing/destroying property |
| <input type="checkbox"/> Spreading harmful rumors or gossip about a student | <input type="checkbox"/> Excluding or rejecting a student |
| <input type="checkbox"/> Getting another person to harm a student | <input type="checkbox"/> Extorting or exploiting a student |
| <input type="checkbox"/> Electronic communication specify) _____ | |
| <input type="checkbox"/> Other: (specify) _____ | |

Student(s) being bullied:

Student(s) bullying:

Witness (es):

Account of Incident: (Be detailed, include all participants and witnesses)