



Jefferson Township Public Schools
31 Route 181, Lake Hopatcong, NJ 07849
Ms. Margaret Widgren
Director of Student Personnel Services - Anti-Bullying Coordinator

HARASSMENT, INTIMIDATION, & BULLYING (“HIB”) INCIDENT REPORT FORM

The Jefferson Township School District does not tolerate any form of harassment, intimidation and/or bullying at any time. As a safe and civil educational environment is required for students to learn and achieve high academic standards, the Jefferson Township School District recognizes the importance of identifying and investigating any and all reported incidents quickly and consistently.

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:

- 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 by any other distinguishing characteristic; AND THAT
- 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
- 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 his/her property; OR
- Has the effect of insulting or demeaning any pupil or group of pupils; OR
- Creates a hostile educational environment for the pupil by interfering with the pupil’s education or by severely or pervasively causing physical or emotional harm to the pupil.

The Jefferson Township School District requires that any target of harassment, intimidation and/or bullying use this form to place a formal report with the district. Students who have been the target of harassment, intimidation and/or bullying should immediately report all incidents to any district employee. Additionally, this form should be completed by any parent/guardian, employee, or educational community member, who has identified an incident of harassment, intimidation, and/or bullying. Please submit all completed forms to any of the district’s schools or offices. Once a report of harassment, intimidation, and/or bullying has been received, the school principal (or designee) in consultation with the Anti-Bullying Coordinator, will determine whether an HIB investigation is required.



Please note: Reports may be filed anonymously; however, no disciplinary consequences will be taken against an alleged aggressor solely on the basis of an anonymous report.

Name of School: _____

Name of person making this report: _____

Name of Target(s): _____ **Grade:** _____

Relationship to the target:

___ Self ___ Parent/Guardian ___ Administrator
___ Student ___ School Staff Member ___ Other _____

Name of alleged offender(s): _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

List any witnesses to this incident: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Date of the incident: _____ Approximate time: _____

Where did the incident occur?

Hallway School Bus
Classroom Media Center
Gym After-School Activity: _____
Playground Off-Campus: _____
Cafeteria Other: _____
_____ Locker Room

Identify the reason(s) for the alleged harassment, intimidation, and/or bullying (HIB) behavior that the target was subjected to:

Identify the means of the alleged incident. Check all that apply:

Gesture Social Media
Written Phone/Text
Verbal Computer
Other: _____



Describe, to the best of your ability, the incident of alleged harassment, intimidation, and/or bullying. Be certain to use specific details related to the incident including all names of those involved (Please use an additional sheet of paper if necessary):

Describe any additional incidents that may represent a pattern of similar behaviors. Be certain to record dates and times (to the extent possible) associated with these issues as well as whether these issues were reported to the Jefferson Township School District (Please use an additional sheet of paper if necessary):

If this matter should proceed to a formal hearing, would you be willing to testify as to your knowledge of this report? Yes No

Name of person filing this report

Signature

Date

PLEASE RETURN THIS FORM TO THE SCHOOL PRINCIPAL OR ANY DISTRICT OFFICE