

# Manville School District

908-231-8500

Manville, NJ 08835

## Reporting Form for Harassment, Intimidation and Bullying

Weston Elementary School  
600 Newark Avenue  
Manville, NJ 08835  
908-231-8500 x8548

Roosevelt Elementary School  
410 Brooks Boulevard  
Manville, NJ 08835  
908-231-8500 x6809

Alexander Batcho Intermediate School  
100 North 13<sup>th</sup> Avenue  
Manville, NJ 08835  
908-231-8500 x8521

Manville High School  
1100 Brooks Boulevard  
Manville, NJ 08835  
908-231-8500 x6806

Date of Alleged Incident \_\_\_\_\_  
Alleged victim: \_\_\_\_\_

School \_\_\_\_\_  
Alleged offender: \_\_\_\_\_

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged harassment, intimidation or bullying incident:

- \_\_\_\_\_ Race
- \_\_\_\_\_ Color
- \_\_\_\_\_ Religion
- \_\_\_\_\_ Ancestry
- \_\_\_\_\_ National Origin
- \_\_\_\_\_ Gender
- \_\_\_\_\_ Sexual Orientation
- \_\_\_\_\_ Gender Identity and expression
- \_\_\_\_\_ Mental or physical or sensory disability
- \_\_\_\_\_ Physical attribute
- \_\_\_\_\_ OTHER actual or perceived characteristics (list below)
- \_\_\_\_\_
- \_\_\_\_\_

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- \_\_\_\_\_ Witnessed incident
- \_\_\_\_\_ Informed by Alleged Victim
- \_\_\_\_\_ Informed by other person (identify if student, parent, staff person, other and list below or attach list)
- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)
- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)
- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)
- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)

Was someone supervising when the incident occurred?

- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)
- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)
- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)
- \_\_\_\_\_  student  parent  staff  other (\_\_\_\_\_)

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List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)
_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)
_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)
_____	<input type="checkbox"/> student	<input type="checkbox"/> parent	<input type="checkbox"/> staff	<input type="checkbox"/> other (_____)

Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (attach additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional sheets attached:  yes  no

Location of alleged HIB incident. Check all that apply and specify/describe location:

\_\_\_\_\_ School property: \_\_\_\_\_

\_\_\_\_\_ School-sponsored function: \_\_\_\_\_

\_\_\_\_\_ School bus: \_\_\_\_\_

\_\_\_\_\_ Off school grounds: \_\_\_\_\_

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

\_\_\_\_\_ Substantial disruption or interference with orderly operation of school or rights of others

\_\_\_\_\_ Physical or emotional harm

\_\_\_\_\_ Insulting or demeaning

\_\_\_\_\_ Creates a hostile educational environment

\_\_\_\_\_ Interferes with student's education

\_\_\_\_\_ Other (list below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

