

**Lopatcong Township School District
Harassment, Intimidation and Bullying Forms**

Indicate how you learned about the Alleged Incident:

- Witnessed Alleged Incident; Informed by Alleged Victim;
- Informed by Other Person (If so, identify if student, parent, employee, or volunteer): _____
- _____

Identify what harm you believe was or may have been caused by the alleged incident.

Check all that may apply:

- Substantial disruption or interference with orderly operation of the school;
- Substantial disruption or interference with rights of others;
- Physical or emotional harm;
- Insulting or demeaning;
- Creates a hostile educational environment;
- Interferes with student's education;
- Other (Please elaborate): _____

List anyone who you know or have reason to believe may have relevant knowledge of the alleged incident(s) (i.e., any eye witnesses or other persons with knowledge or what is alleged to have occurred) and please indicate if the individual(s) is/are a student, parent, staff member of other:

Name of person who received your initial verbal report (if any): _____

Date of your verbal report (if any): _____

Person to whom you provided this written report: _____

Signature: _____ **Date:** _____
(if anonymous, please place an "X" on the signature line)