

LOPATCONG TOWNSHIP SCHOOL DISTRICT

Harassment, Intimidation and Bullying Reporting Forms

In accordance with Lopatcong Township Board of Education Policy 5512 and Regulation 5512R, these forms shall be completed for all reported incidents related to Harassment, Intimidation and Bullying.

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

FORM 1

(To Be Completed By The Individual Reporting The Incident)

Name and status of individual providing initial report: _____

(i.e., employee, volunteer, student, parent, community member, etc)

Check box if you wish to remain anonymous:

Date of alleged incident: _____

Name(s) of alleged victim(s):

Name(s) of alleged offender(s):

Description of the alleged incident(s). Include any gestures, any relevant written/verbal/physical act(s) as well as any electronic communications and identify what, if any, actual or perceived characteristics were or may have been a motivating factor in the alleged incident. If necessary, please use separate page and attach to Form):

**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 of 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)