Brigantine Community School

BULLYING, HARASSMENT, OR INTIMIDATION REPORTING Form

DIRECTIONS: Bullying, harassment, or intimidation are serious and will NOT be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close relative of a student victim, or a staff member and wish to report an incident of alleged bullying, harassment, or intimidation, complete this form and return it to the Principal at the student victim’s school. Anonymous reports will also be investigated, but formal disciplinary action may not be based solely on the basis of an anonymous report. Contact the school for additional information or assistance at any time.

Bullying, harassment, or intimidation means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student’s educational benefits, opportunities, or performance, or with a student’s physical or psychological well-being and is:

- Motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental disability; or,
- threatening or seriously intimidating; and,
- occurs on school property, at a school activity or event, or on a school bus; or,
- substantially disrupts the orderly operation of a school.

“Electronic communication” means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer, pager, or any other electronic device.

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Today's Date: __________________________ Target Student Attends: Brigantine Community School

1. Name of Reporter/Person Filing the Report: ____________________________________________________

2. Check whether you are the: _____Target of the Behavior _____Reporter (not the target)

3. Check whether you are: _____Student _____Parent _____Administrator

   _____Other (specify) ________________________________________________________________

   _____Staff Member (role and school) ________________________________________________

   Your contact information/phone number(s)/e-mail: _______________________________________

4. Information about the Incident(s):

   Name of Target (of behavior): ___________________________________________________ Age: ______

   Name(s) of Aggressor(s): _______________________________________________________

   Date(s) of Incident(s): __________________________________________________________

   Time(s) of Day: _________________________________________________________________

   Location(s) of Incident(s) (as specific as possible): _________________________________

5. Witnesses (List people who saw the incident or have information about it.)

   Name: ___________________________ __ Student __ Staff __ Other ______

   Name: ___________________________ __ Student __ Staff __ Other ______

   Name: ___________________________ __ Student __ Staff __ Other ______
6. Incident(s) Description – Place an X next to each and all areas below that best describe what happened and use the space below these to provide further details if necessary including the specific actions of the parties with names of who did and said what.

___ Any bullying, harassment, or intimidation that involves physical aggression
___ Spreading harmful rumors or gossip
___ Getting another person to hit or harm the student
___ Making rude or threatening gestures
___ Teasing, name-calling, criticizing, or threatening in person or by other means
___ Excluding or rejecting the target
___ Insulting or demeaning any pupil or group of pupils
___ Intimidating, extorting, or exploiting
___ Electronic Communication (specify)
___ Other (specify)

Please provide further details below:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Signature of Person Filing the Report: __________________________ Date: __________

8. Disposition – Completed Report Forms should be given or sent directly to the building Principal where the target attends.

   Receiving Principal’s Signature: __________________________ Date: __________
9. Investigator(s): ______________________   Position(s): ______________________

10. Interviews:

   ____ Interviewed aggressor(s)
       Name: ___________________________   Date: __________
       Name: ___________________________   Date: __________
       Name: ___________________________   Date: __________

   ____ Interviewed Target
   Name: _____________________________   Date: __________

   ____ Interviewed Witnesses
   Name: _____________________________   Date: __________
   Name: _____________________________   Date: __________
   Name: _____________________________   Date: __________

   ____ Attachment if Necessary

11. Any prior documented incidents by aggressor(s):  ____ YES  ____ NO

    If YES, explain and state if they involved this current target or target group:

    _____________________________________________________________________________
    _____________________________________________________________________________

12. Summary of Investigation:

   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
CONCLUSIONS FROM THE INVESTIGATION

13. Finding of bullying, harassment, or intimidation and/or retaliation: __ YES __ NO
   ___ HIB ___ Incident documented as ________________________________
   ___ Retaliation ___ Discipline referral only _________________________

14. Did a physical injury result from this incident? __ NO __ YES – If YES, did it require medical attention? __ YES __ NO

15. Corrective actions taken in this case (choose all that apply):
   ___ None were required (False Allegation) ___ None, the incident did not warrant any corrective action
   ___ Student Conference ___ Student Warning
   ___ Letter of Apology ___ Counseling
   ___ Parent Letter ___ Parent Phone Call
   ___ Parent Conference ___ Detention
   ___ In-School Suspension ___ Out-of-School Suspension
   ___ I & R5 Referral ___ Expulsion Proceedings Commenced
   ___ Referred to Law Enforcement ___ Other (specify) ________________________________

16. Contacts: ___ Target’s parent/guardian Date: _______________
     ___ Aggressor’s parent/guardian Date: _______________

17. Please note any other pertinent information in the space below:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

18. Copy of Report sent to:
   ___ Principal (if not the Investigator) Date: _______________
   ___ Superintendent Date: _______________
   ___ District HIB Coordinator Date: _______________
   ___ School Level Coordinator Date: _______________

Signature and Title of Investigator: __________________________________ Date: _______________

Original copy should be retained by the Investigator and destroyed after one year.