



PASSAIC COUNTY TECHNICAL INSTITUTE

45 Reinhardt Road Wayne, NJ 07470

Telephone: (973) 790-6000 Fax: (973) 389-2044

Targeted student: _____ Today's date: ____/____/____

Reporter's Name: _____ ID# _____

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:

- A. 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**
- B. **By any other distinguishing characteristic; and that**
- C. 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
- D. 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 to his/her property; or
- E. Has the effect of insulting or demeaning any pupil or group of pupils; or
- F. Creates a hostile educational environment for the pupil by interfering with a pupil's education or by severely or pervasively causing physical or emotional harm to the pupil.

Please indicate. Please choose all that apply.

- Comment(s) or action(s) disparaging the student's - **unique characteristic**
- Comment(s) or action(s) disparaging the student's - **race or ethnicity**
- Comment(s) or action(s) disparaging the student's - **religion, ancestry, or national origin**
- Comment(s) or action(s) disparaging the student's - **gender or sexual orientation**
- Comment(s) or action(s) disparaging the student's - **physical or mental disability**

Name(s) of alleged bullies (if known):

On what dates did the incident(s) happen (if known):

Where did the incident happen? Circle all that apply.

- | | | | | | | |
|-------------|---------------------------|----------|------------|--------------------------|-----------|-------------|
| Classroom | Hallway | Restroom | Playground | Locker room | Lunchroom | Sport field |
| Parking lot | School bus | Internet | Cell phone | During a school activity | | Off school |
| property | On the way to/from school | | | | | |

Other (Please describe.) _____

Were there any witnesses? Yes No If yes, please provide their name(s):

Did a physical injury result from this incident? If yes, please describe.

Was the target absent from school as a result of the incident? Yes No If yes, please describe

Please explain what was witnessed or alleged to have happened:

-----For Office Use-----

Date received by Principal: ___/___/___

Principal's initials: _____

Does this report warrant an investigation? ___YES ___NO

Parents/guardians contacted: ___ YES

Date sent to ABS: ___/___/___

Date completed by ABS: ___/___/___

Action taken by ABS: _____

Referred to (check one): ___ Counselor ___ Discipline ___ Outside Agency

Attach All Letters Required for the Principal, ABC, and Superintendent

ABS' Signature: _____