

**KNOWLTON TOWNSHIP  
SCHOOL DISTRICT**  
P.O. Box 227, 80 Route 46  
Delaware, New Jersey 07833-0227  
Tel: 908-475-5118  
Fax: 908-475-1141

Jeannine DeFalco  
*Superintendent*

Dana Gruszecki  
*Vice Principal*

**Harassment – Intimidation – Bullying  
Referral Form**

Date of Alleged Incident: \_\_\_\_\_ Reporting Person: \_\_\_\_\_

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.

Alleged Victim(s): \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Alleged Offender(s): \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Race  | <input type="checkbox"/> Color  |
| <input type="checkbox"/> Religion                                    | <input type="checkbox"/> Ancestry   |
| <input type="checkbox"/> National Origin                             | <input type="checkbox"/> Gender   |
| <input type="checkbox"/> Sexual Orientation                          | <input type="checkbox"/> Gender Identity and Expression                           |
| <input type="checkbox"/> Mental or Physical or<br>Sensory Disability | <input type="checkbox"/> OTHER actual or perceived<br>characteristic (list below) |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Witnessed incident | <input type="checkbox"/> Informed by alleged victim |
| <input type="checkbox"/> Anonymous          | <input type="checkbox"/> Informed by another person |

Where did the bullying happen (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> In class with teacher | <input type="checkbox"/> In class without teacher |
| <input type="checkbox"/> Bathroom lineup area  | <input type="checkbox"/> Lunchroom                |

\_\_\_\_ To/From school  
\_\_\_\_ Recess

\_\_\_\_ Bus stop/Other (explain)  
\_\_\_\_ Electronic/Cyber Bullying

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.

---

---

Describe 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).

---

---

---

---

Identify what harm you believe 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

Describe in narrative form what harm you believe was caused to the student and the basis for your belief:

---

---

---

---

Is there any other information you feel the Anti-Bullying Specialist needs to know?

---

---

---

---

\_\_\_\_  
Anti-Bullying Specialist

\_\_\_\_  
Date

\_\_\_\_  
Administrator

\_\_\_\_  
Date

\_\_\_\_  
Reporter

\_\_\_\_  
Date