

**KNOWLTON TOWNSHIP
SCHOOL DISTRICT**
P.O. Box 227, 80 Route 46
Delaware, New Jersey 07833-0227
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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
Sensory Disability | <input type="checkbox"/> OTHER actual or perceived
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