



# Weymouth Township School District

1202 Eleventh Avenue - Dorothy, NJ 08317

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Weymouthtownshipschool.org



## Harassment, Intimidation & Bullying Incident Report Form

Name of person making the report: \_\_\_\_\_

Name of Target: \_\_\_\_\_ Grade Level of Target: \_\_\_\_\_

Name of the person(s) that are allegedly engaging in bullying behaviors: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Describe the location of alleged incident:

<input type="checkbox"/>	School Property	<input type="checkbox"/>	Off school grounds
<input type="checkbox"/>	School-sponsored function	<input type="checkbox"/>	Electronic
<input type="checkbox"/>	School bus	<input type="checkbox"/>	Other

Indicate how you are involved:

<input type="checkbox"/>	Alleged victim	<input type="checkbox"/>	Directly witnessed
<input type="checkbox"/>	Informed by alleged victim	<input type="checkbox"/>	Informed by other witness(es)
<input type="checkbox"/>	Informed by other (parent, staff member, student)		

I believe that I have been subjected to, or a witness to, the following type of bullying incident:

<input type="checkbox"/>	Physical Bullying (pushing, shoving, hitting, threats, vandalism, thefts, etc.)
<input type="checkbox"/>	Emotional Bullying (name calling, insults, teasing, harassing phone calls/texts/IMs, etc.)
<input type="checkbox"/>	Social Bullying (gossiping, teasing about appearance, exclusion, public humiliations, etc.)
<input type="checkbox"/>	Cyber-Bullying (texting/messaging threats, defamatory posts, derogatory emails, etc.)

What do you perceive as to be the motivational factors in this incident?

<input type="checkbox"/>	Race	<input type="checkbox"/>	Gender identity and expression
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Gender	<input type="checkbox"/>	Mental, Physical and/or Sensory Disability
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Other (describe)
<input type="checkbox"/>	Religion	<input type="checkbox"/>	

Mary Lou DeFrancisco  
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Maria Palmieri  
Special Ed. Supervisor & LDT  
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Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

<input type="checkbox"/>	Substantial disruption or interference with the orderly operation of school or rights of others
<input type="checkbox"/>	Physical or emotional harm
<input type="checkbox"/>	Insulting or demeaning a student or group of students
<input type="checkbox"/>	Creating a hostile educational environment

Describe the incident. Include any gesture(s); relevant written, verbal, or physical acts; any electronic communication (attach additional sheets if necessary).

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List below any person who you know or have reason to believe may have relevant information:

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If this matter should proceed to a formal hearing, would you be willing to testify as to your knowledge of this report?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For School Office Use Only**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Report # \_\_\_\_\_