

Roselle Park Public Schools
510 Chestnut Street
Roselle Park, New Jersey 07204

"A high performing district"

INCIDENT REPORTING FORM FOR BULLYING*

Person Reporting Incident: _____ **Date this report was written:** _____

Date & location of Incident: _____ **Date Given to Principal:** _____

****Before completing, please make sure one of the following criteria applies; if none of the above apply, please report as a conflict or disruption using an O.J. as per the Handbook and Code of Conduct.***

HIB incident applied to one or more of the following category:

- Race Color Religion Ancestry Origin Gender
 Sexual Orientation Gender Identity or expression
 Mental, Emotional, Physical, or Sensory Disability
 Other distinguishing characteristics; (for example) Social exclusion from groups

Mode:

- Gesture Written Verbal Physical (major or minor) Electronic Communication

Student(s) being bullied:

Student(s) bullying:

Witness(es):

Account of Incident: (Be detailed, include all participants and witnesses) Use back if necessary.

