

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

**Policy 5131: Harassment Intimidation and Bullying**

**Form B-10.1 page 1**

**CHERRY HILL SCHOOL DISTRICT**

***Form for Reports or Complaints of Harassment, Intimidation or Bullying***

*(This form is to be completed by the complainant)*

***Harassment based on race, skin color, religion, creed, national origin, marital status, age, sex, sexual orientation, appearance or disability is against the law. Discrimination is against the law.***

***Complainant's Full Name:*** \_\_\_\_\_

***Home/School Address:*** \_\_\_\_\_

***Home or Work Phone:*** \_\_\_\_\_

***(Check those that apply:) This is not a description of the action. This identifies the perceived reason for the incident. Was the alleged harassment based on:***

- race                       national origin               religion                       sexual orientation
- color                       gender                       ancestry                       gender identity expression
- mental, physical or sensory disability  by any other distinguishing characteristic: \_\_\_\_\_

Name of the person(s) you believe harassed you or another person(s): \_\_\_\_\_

If the alleged harassment was toward another person, identify that other person: \_\_\_\_\_

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

- Witnessed incident     Informed by alleged victim     Informed by other person (identify if student, parent, staff person, other, and list below or attach list) \_\_\_\_\_  Anonymous source

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.) what, if any, physical contact was involved. *Attach additional pages as necessary.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and where did the incident occur?  School: \_\_\_\_\_  Location: \_\_\_\_\_  Date: \_\_\_\_\_

List any bystander(s) who were present: \_\_\_\_\_  
*(Attach statement(s) as appropriate)*

Describe the nature of the substantial disruption or interference with orderly operation of school or rights of others that you believe occurred. *Attach additional pages as necessary.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

- Physical or emotional harm
- Insulting or demeaning
- Creates a hostile educational environment
- Interferes with student's education

This complaint is based on my honest belief that \_\_\_\_\_  
has (have) harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Full Name: \_\_\_\_\_

Complainant's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

**HIB Rubric**

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

HIB means any gesture, any written, verbal or physical act, or any electronic communication, whether it be a **single incident** or a **series of incidents**, that:

- Is reasonably **perceived as being motivated** either by an **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 by **any other distinguishing characteristic**;  
**AND**
- Takes place on school property, at any school-sponsored function, or on a school bus; or **off school grounds**, as provided for in *N.J.S.A. 18A:37-15.3*,  
**AND**
- Substantially disrupts or interferes with the orderly operation of the school or the rights of other students; **and that**
  - A reasonable person should know, under the circumstances, will have the effect of **physically or emotionally harming** a student **or damaging the student's property**, or placing a student in reasonable **fear of physical or emotional harm** to his person **or** damage to his property;  
**AND/OR**
  - Has the effect of **insulting or demeaning** any student or group of students;  
**AND/OR**
  - Creates a **hostile educational environment** for the student by interfering with a student's education or by **severely or pervasively** causing physical or emotional harm to the student.

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

**Policy 5131: Harassment Intimidation and Bullying**

**Form B-10.2**

**CHERRY HILL SCHOOL DISTRICT**

***Harassment, Intimidation and Bullying  
Reporting Form for Alleged VICTIM Investigation  
(to be completed by the ABS)***

This form shall be completed for all reported incidents of alleged Harassment, Intimidation and Bullying. The completed form shall be placed in the victim’s student file for future reference.

Full Name of Victim: \_\_\_\_\_ Student # \_\_\_\_\_ State ID# \_\_\_\_\_

Person who received the initial report: \_\_\_\_\_ Date the incident was reported: \_\_\_\_\_

- This incident has been investigated and there was insufficient evidence to determine HIB.
- This incident falls within the guidelines for a HIB incident. Interventions noted below.

Effect of HIB Incident (check all that apply):

- Substantially disrupted or interfered with orderly operation of school or rights of other students
- Victim was in fear of physical or emotional harm or damage to personal property
- Interfered with victim’s education
- Offender knew action would physically or emotionally cause harm to the victim or damage to the victim’s property
- Insulted or demeaned a student or a group of students
- Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

Mode of HIB Incident (check all that apply):

- Gesture
- Physical (minor or major injury)
- Written
- Verbal
- Electronic communication

- Incident was resolved by school staff receiving the initial report and was determined to fall outside of the guidelines of HIB.

Comments by the person receiving the initial report (use additional pages if necessary):

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**Intervention Measures initiated/referral resources provided for victim (use additional pages if necessary):**

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Name: \_\_\_\_\_ (please print)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Anti-bullying Specialist)

Victim’s Parent(s)/Guardian(s) notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Method:  Telephone  In person

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

**Policy 5131: Harassment Intimidation and Bullying**

**Form B-10.3**

CHERRY HILL SCHOOL DISTRICT

***Harassment, Intimidation and Bullying  
Reporting Form for Alleged OFFENDER Investigation***  
*(to be completed by the ABS)*

This form shall be completed for all reported incidents of alleged Harassment, Intimidation and Bullying. The completed form shall be placed in the victim's student file for future reference.

Full Name of Offender(s): \_\_\_\_\_ Student # \_\_\_\_\_ State ID# \_\_\_\_\_

Person who received the initial report: \_\_\_\_\_ Date the incident was reported: \_\_\_\_\_

- This incident has been investigated and there was insufficient evidence to determine HIB.
- This incident falls within the guidelines for a HIB incident. Interventions noted below.

Effect of HIB Incident (check all that apply):

- Substantially disrupted or interfered with orderly operation of school or rights of other students
- Victim was in fear of physical or emotional harm or damage to personal property
- Interfered with victim's education
- Offender knew action would physically or emotionally cause harm to the victim or damage to the victim's property
- Insulted or demeaned a student or a group of students
- Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

Mode of HIB Incident (check all that apply):

- Gesture
- Physical (minor or major injury)
- Written
- Verbal
- Electronic communication

- Incident was resolved by school staff and was determined to fall outside of the guidelines of HIB.

Comments by the person receiving the initial report (use additional pages if necessary):

Discipline or remedial action initiated for offender: \_\_\_\_\_

<input type="checkbox"/>	School Community Service	# Days _____	<input type="checkbox"/>	Detention	# Days _____
<input type="checkbox"/>	In School Suspension	# Days _____	<input type="checkbox"/>	Saturday School	# Days _____
<input type="checkbox"/>	Out of School Suspension	# Days _____	<input type="checkbox"/>	Anger Management	# Days _____
<input type="checkbox"/>	Peer Support Group	# Days _____	<input type="checkbox"/>	Other (please specify) _____	# Days _____
<input type="checkbox"/>	Refer to Alternate Source (please specify source)		<input type="checkbox"/>	Indv. or Group Counseling	Duration _____
<input type="checkbox"/>	Behavioral Assessment		<input type="checkbox"/>	Development and Implementation of Behavior Plan	
<input type="checkbox"/>	Removal or Suspension of Privileges		<input type="checkbox"/>	Student and/or Parent Conference	
<input type="checkbox"/>	Restitution (specify) _____		<input type="checkbox"/>	Referral to I&RS (date) _____	

Name: \_\_\_\_\_ (please print)

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

(Anti-Bullying Specialist)

Offender's Parent(s)/Guardian(s) notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Method:  Telephone  In-person

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

CHERRY HILL SCHOOL DISTRICT

*Harassment, Intimidation and Bullying*  
**ANTI-BULLYING SPECIALIST REPORT**

*NOTE: The investigation of an HIB report is to be completed as soon as possible, but no later than 10 school days from the date of the written report. This report is to be given to the superintendent of schools within two school days of completing the investigation.*

DATE(S) OF INCIDENT(S): \_\_\_\_\_

DATE(S) WHEN INCIDENT(S) WAS/WERE REPORTED TO DISTRICT:  
\_\_\_\_\_

PERSON WHO MADE INITIAL REPORT \_\_\_\_\_

SUMMARY OF CLAIMS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

**Policy 5131: Harassment Intimidation and Bullying**

**Form B-10.5 page 2**

CHERRY HILL SCHOOL DISTRICT

*Harassment, Intimidation and Bullying*  
**ANTI-BULLYING SPECIALIST REPORT**

**SUMMARY OF INVESTIGATION PROCEDURES**

Persons appointed to assist Anti-Bullying Specialist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses interviewed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documents/video etc. reviewed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other evidence reviewed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate receiving additional information relative to this investigation?

Yes  No

If yes, please describe the additional information that is anticipated to be received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

**Policy 5131: Harassment Intimidation and Bullying**

**Form B-10.5 page 3**

CHERRY HILL SCHOOL DISTRICT

*Harassment, Intimidation and Bullying*  
**ANTI-BULLYING SPECIALIST REPORT**

SUMMARY OF FACTUAL FINDINGS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

\_\_\_ I find that harassment, intimidation or bullying occurred because of the following:

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\_\_\_ I find that harassment, intimidation or bullying did not occur.

Additional comments/recommendations, if any: \_\_\_\_\_

Signature of Anti-Bullying Specialist \_\_\_\_\_ Date \_\_\_\_\_

**Principal's recommendations for response:** \_\_\_\_\_

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**Signature of Principal** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please check below if applicable:**

**S12 incident report initiated**





NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

**Harassment/intimidation/bullying (HIB) Intervention Plan**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recommendation Plan**

**Recommendations for remedial measures are as follows:**

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NJ Smart #(s): \_\_\_\_\_

School : \_\_\_\_\_

CHERRY HILL PUBLIC SCHOOLS

STUDENT #: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Policy 5131: Harassment, Intimidation and Bullying  
Incident Check List

Date	Initials	Step #	Day	Information
		1	Day 1	<ul style="list-style-type: none"> <li>Individual Reports Incident to Building Principal or designee</li> <li>Principal informs parents or guardians of all students involved in incident, no later than end of next school day. Please include method: _____</li> </ul>
				<ul style="list-style-type: none"> <li>Principal discusses as appropriate, the availability of counseling or other intervention services</li> </ul>
		2	Within 1 school day of step 1	<ul style="list-style-type: none"> <li>Principal directs ABS to initiate investigation</li> <li>Additional personnel as needed</li> </ul>
		3	Within 2 days of Day 1	<ul style="list-style-type: none"> <li>Incident Report (form #10.1) must be completed by staff or _____ with reliable information</li> </ul>
		4	Within 10 school days of step 1	<ul style="list-style-type: none"> <li>Investigation completed - forms # B10.2, B10.3 - report filed with principal</li> </ul>
				<ul style="list-style-type: none"> <li>Principal forwards report and forms to District Anti-bullying Coordinator immediately for completion of form B-10.4</li> <li>If additional information becomes available after this date, it can be added to the report</li> </ul>
		5	Within 2 school days of step 4	<ul style="list-style-type: none"> <li>DABC completes form B-10.4 and files with Superintendent</li> <li>Superintendent may suggest intervention services, training programs or counseling</li> </ul>
		6	Next regularly scheduled Board of Education Meeting	<ul style="list-style-type: none"> <li>Results of investigation reported to the School Board as well as any interventions, or additional actions offered – Use form # B-10.4 Board approves, rejects, modifies Superintendent recommendation.</li> </ul>
		7	Within 5 school days of Step 6	<ul style="list-style-type: none"> <li>Step A - Parents of parties in the investigation are notified of nature of investigation, whether district found evidence of HIB, or discipline or services provided</li> <li>Step B - Parents or guardians may request a BOE hearing in executive session which will be held within 10 days of the request.</li> </ul>
		8	Within 10 days of parent request	<ul style="list-style-type: none"> <li>BOE meets parents or guardians in exec session</li> <li>School anti-bullying specialist may report to the BOE</li> </ul>
		9	Next regularly scheduled Board of Education meeting after step 8	<ul style="list-style-type: none"> <li>BOE will issue a decision to accept, reject or modify the prior decision</li> </ul>
		10	With 90 days of step 9	<ul style="list-style-type: none"> <li>Parents, students, guardian or organization may file appeal with Commissioner of Education</li> </ul>
		11	Within 180 days of date of incident	<ul style="list-style-type: none"> <li>Parents, students, guardian or organization may file a complaint with the Division of Civil Rights based on membership in a protected group</li> </ul>