



# Clinton Public School

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**2014-2015**

Person Reporting Incident: Name: \_\_\_\_\_ School/Location: \_\_\_\_\_

\_\_\_ Student \_\_\_ Staff Member \_\_\_ Parent/Guardian \_\_\_ Volunteer \_\_\_ Other: \_\_\_\_\_

Date of alleged incident: \_\_\_\_\_ Where did the alleged incident occur? \_\_\_\_\_

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.

Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Student(s) Alleged to be the Target of HIB Behavior:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_



Please list below the name(s) of any person(s) or pupil(s) you believe either witnessed or have knowledge of the incident you are reporting:

	<u>Name</u>	<u>Work Location/School/Grade</u>	<u>Witness</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Did you file a verbal report with the Principal or designee on the same day of witnessing or receiving reliable information regarding behavior being reported? \_\_\_Yes \_\_\_No

I certify the information contained in this Report is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Person Making Report                      Position (staff member/parent/pupil/etc.)                      Date

\_\_\_\_\_  
Name of Person Receiving Report                      Title                      Date

Report #: \_\_\_\_\_ (to be assigned by Principal or designee)