Cumberland Regional High School
HARRASSMENT, INTIMIDATION, BULLYING
ELEMENTS REQUIRED UNDER ANTI-BULLYING BILL OF RIGHTS

NOTE: This form is required to be completed by reporting party and turned in to the building principal or designee within (2) days of the alleged incident.

Suspected Victim: ___________________________ Date of Alleged incident __________________

Suspected Bully: _____________________________

Received by HIB Coordinator: (Initial) Date: _______

Received by HIB Specialist: (Initial) Date: _______

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

___Race ___Color ___Religion ___Ancestry ___National Origin ___Gender

___Sexual Orientation ___Gender Identity and Expression ___Mental or Physical or Sensory Disability

___ Other actual or perceived characteristic (List below)

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

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)


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.

Name: ________________________ Student: _____ Parent: ____ Staff Member: ____ Other:____

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Location of alleged H/I/B. Check & complete all that apply:

___School property. Identify: ______________________________________________________

___School-sponsored function. Indentify function: ___________________________________

___School bus. Identify: __________________________________________________________

___Off school grounds. Describe: _________________________________________________
Describe nature of alleged HIB. Include any gesture, any relevant written verbal or physical act(s), or any electronic communication. Be sure to identify alleged bully(s) and victims(s) by name. Please be specific with details (attach additional sheets if necessary).

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Identify what harm you believe was 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

Describes in narrative form what harm you believe was caused to the student and the basis for your belief.

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Please add, if any; other pertinent information below:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

____________________________________
Signature

Print Name ___________________________ Date_________________________