

**Lower Cape May Regional School District's  
Harassment, Intimidation and Bullying Reporting Form**

**General Statement of Policy Prohibiting Religious, Racial or Sexual Harassment**

Lower Cape May Regional School District maintains a firm policy prohibiting all forms of Harassment, Intimidation and Bullying. All persons are to be treated with respect and dignity. Any type of harassment, intimidation, or bullying by any pupil, teacher, administrator or other school personnel, which creates an intimidating, hostile or offensive environment, will not be tolerated under any circumstances.

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Type of HIB: (may check more than one)

sexual  racial  religious  Intimidation  Bullying  Violence

Name of person you believe harassed or was violent toward you or another person:

\_\_\_\_\_

If the alleged harassment or violence was toward another person, identify that person:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any witnesses who were present(grade level if they attend school)

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This complaint is filed based on my honest belief that \_\_\_\_\_ has harassed or has been violent to me or to 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 and belief.

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Complainant Name or Signature

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Date

You may make an anonymous report, but by doing so you will forfeit your right to information regarding the incident in the future.

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Received by

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Date