

SADDLE RIVER SCHOOL DISTRICT
Wandell School
97 East Allendale Road
Saddle River, New Jersey 07458
Telephone (201) 327-0727
Fax (201) 236-8166

Dr. Gina Cinotti
Superintendent/Principal

Ms. Victoria Hickey
Vice-Principal

WRITTEN REPORT OF POSSIBLE ACT OF HARASSMENT, INTIMIDATION, OR BULLYING
PURSUANT TO N.J.S.A. 18A:37-15*

Date of Oral Report: _____

Date of Written Report: _____

Name of Person Making Report: _____

Date & Time of Incident: Date: _____ Time: _____

Name of Victim(s): _____

Name of Student(s) who may have committed act of HIB: _____

Actual or perceived characteristics that were or may have been motivating factors in the alleged bullying incident: ___Race ___Color ___Religion ___Ancestry ___Origin ___Gender ___Sexual Orientation ___Gender Identity ___Expression ___Mental, Physical, or Sensory Disability ___Other Distinguishing Characteristic

List any person who may have relevant information _____

Brief Description of Incident: (use back of page if necessary)

By: _____
Name of Reporting Individual

Principal/Designee

This report may be completed by a staff member, employee, volunteer, contract service provider, or parent. The report may be made anonymously.