

# Harassment Intimidation Bullying (HIB) Incident Report Form – Grades 2-4

Assumption Catholic School  
Meredith & Jacques Streets  
Perth Amboy, New Jersey 08861

Date of Incident: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO THE PRINCIPAL**

Who is being hurt? : \_\_\_\_\_

Who was involved?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you find out about this incident? Who told you?** (Be specific; include names of people that may know about this incident) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where did this happen?** (please circle one)

school property

school function

school/Bus Incident

Off school grounds

Electronic Communication (social media, cell phone, etc.)

*You may choose to submit this report anonymously. Please note, in accordance with the Anti-Bullying Bill of Rights Law, no formal action is permitted on the basis of anonymous reporting alone.*

Name and Signature of Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Date Resolved: \_\_\_\_\_