

# Harassment Intimidation Bullying (HIB) Incident Report Form – Grades 5-8

Assumption Catholic School

Meredith & Jacques Streets

Perth Amboy, New Jersey 08861

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

**PLEASE SUBMIT THIS FORM TO THE PRINCIPAL**

Name of Alleged Target(s): \_\_\_\_\_

Name of Student(s) involved in the act of alleged Harassment, Intimidation and Bullying (HIB):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**How did you learn that student(s) may have been target(s) of HIB?** (Be specific; include names of people that may know about this incident)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the location of the alleged HIB incident? \_\_\_\_\_

Location on school property: \_\_\_\_\_

Name/date of school function: \_\_\_\_\_

School/Bus Incident (explain): \_\_\_\_\_

Off school grounds (explain): \_\_\_\_\_

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: \_\_\_\_\_