

Harassment Intimidation Bullying (HIB) Incident Report Form – Grades PK - 1

Assumption Catholic School

Meredith & Jacques Streets

Perth Amboy, New Jersey 08861

1

Date of Incident: _____

PLEASE SUBMIT THIS FORM TO THE PRINCIPAL

The purpose of the adult documenting this report is to write on behalf of the student using the student's verbiage, just as reported.

Name of person documenting statement: _____

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: _____