



Camden City School District

201 N. Front Street, Camden, New Jersey 08102
Phone: 856-966-2000, Ext. 38502 - Fax: 856-966-2144



HIB Reporting Form (Ref: Policy 5131.9)

This report should be completed to file a complaint relating to an incident of harassment, intimidation and bullying. All employees and volunteers must report HIB behavior that is witnessed or reported within 24 hours of the alleged incident or receiving the information. **This form should be turned in to the school Principal of the victim's home school.**

YOUR NAME (Last, First)		TITLE (Parent/Guardian, Student, Employee, Anonymous)	
VICTIM'S NAME (Last, First)	SEX	GRADE	AGE
ACCUSED NAME (Last, First)	SEX	GRADE	AGE
SCHOOL		TODAY'S DATE	

When did the incident occur?

Date: _____ Time: _____

Describe the location the incident took place:

Please describe, in as much detail as possible, what happened.

Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.

Any additional evidence of harassment, intimidation, bullying (attach letters, photos, computer printed materials if available).

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Person Completing Form
(May be left blank only for anonymous reporting)

Title

Date

Signature of Person Receiving Form

Title

Date

If you fear a student is in immediate danger contact the Camden City Police immediately!