



Haleyville Mauricetown School
1308 North Avenue • Port Norris, NJ 08349
856.785.2333



Port Norris Middle School
6812 Brown Street • Port Norris, NJ 08349
856.785.1611

Dr. Daniel J. Dooley, Ed.D.
Superintendent/Principal

Trish Birmingham
School Business Administrator

Alysia R. Thomson, M.Ed
District Assistant Principal

Lindsay Reed, Ed.S.
Director of Special Services

Commercial Township Schools HIB Incident Report Form

This form is to be maintained confidentially in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g. Incident Report to be filed in the disciplinary record and incident entered into Genesis.

Bullying, harassment, and intimidation are serious offenses and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer, or a visitor, and wish to report an incident of alleged bullying/harassment/intimidation, complete this form and return it to the principal or administrative designee at the student's school. All school employees are required to report alleged violations. This form can be completed anonymously by omitting signature and name and returning to the main office.

Every reported act of bullying will be investigated, and parents/guardians will be informed.

Name of Student Target: _____ **Grade/School:** _____

Name(s) of Alleged Offender(s): _____ **Grade/School:** _____ **Is he/she a student?** _____

Incident Date: / / **Incident Time:** _____

Where did the incident occur? (Check all that apply)	What happened during the incident? (Check all that apply)	Did a physical injury result from the incident? (Check one)
<input type="checkbox"/> School Bus/Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/Phone/Internet/Social Media <input type="checkbox"/> School sponsored activity <input type="checkbox"/> Event off school property <input type="checkbox"/> School Grounds <input type="checkbox"/> Other:	<input type="checkbox"/> Taunting <input type="checkbox"/> Retaliation <input type="checkbox"/> Threat <input type="checkbox"/> Humiliation <input type="checkbox"/> Intimidation <input type="checkbox"/> Exclusion <input type="checkbox"/> Stalking <input type="checkbox"/> Physical contact <input type="checkbox"/> Theft <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes, medical attention required <input type="checkbox"/> Yes, medical attention NOT required
		Student absent from school as a result of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of days absent:

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Describe the incident in detail: (Who, what, when, where):

Leave the following blank if reporting anonymously.

You are: Student Faculty/Staff Parent/Guardian Other:

Name of person reporting incident: _____

Telephone/Cell information: _____

Signature: _____

Date: _____