



**Haleyville Mauricetown School**  
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*District Assistant Principal*

## 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?** \_\_\_\_\_

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**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 <hr/> <b>Student absent from school as a result of the incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> 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:** \_\_\_\_\_