



HUNTERDON CENTRAL REGIONAL HIGH SCHOOL DISTRICT

For School District Use

Report #: _____
Date Received: _____

Harassment, Intimidation, and Bullying Incident Report Form

[HIB INFORMATION LINK \(https://www.hcrhs.org/about-hc/about-hc/harassment-intimidation-bullying\)](https://www.hcrhs.org/about-hc/about-hc/harassment-intimidation-bullying)

Name of person making this report:

- Parent/Guardian Student Staff Member * Other

*Did you file a **verbal report** with the Principal or staff member on the same day of witnessing or receiving reliable information regarding behavior being reported? Yes No

This form must be submitted to the Principal's office within 48 hours of receiving reliable information regarding behavior being reported.

Date of the incident:

Approximate time:

Where did the incident occur? On school property Off school property Cyberspace

Name of target(s):					
1)		2)		3)	
4)		5)		6)	
Name of alleged offender(s):					
1)		2)		3)	
4)		5)		6)	
Name of witness(es) to this incident:					
1)		2)		3)	
4)		5)		6)	

Check which best describes the alleged harassment, intimidation, and/or bullying (HIB) behavior the target was subjected to:

- Physical Bullying (pushing, shoving, hitting, threats, vandalism, theft, etc.)
- Emotional Bullying (name calling, insults, teasing, harassing phone calls/texts/I-Ms, etc.)
- Social Bullying (gossiping, teasing about appearance, exclusion, public humiliation, etc.)
- Cyber-Bullying (texting/messaging threats, defamatory web posts, derogatory emails, etc.)
- Other (Please Describe)

Identify what harm you believe was or may have been caused by the alleged incident.

Check all that apply:

- Substantial disruption or interference with the orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning a student or group of students
- Creating a hostile educational environment



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Describe, to the best of your ability, the incident of alleged harassment, intimidation, and/or bullying. Be certain to use specific details related to the incident including all names of those involved (Please use an additional sheet of paper if necessary):

Describe any additional incidents that may represent a pattern of similar behaviors. Be certain to record dates and times (to the extent possible) associated with these issues as well as whether these issues were reported to the Hunterdon Central Regional High School District (Please use an additional sheet of paper if necessary):

If this matter should proceed to a formal hearing, would you be willing to testify as to your knowledge of this report? Yes No

I certify the information contained in this Report is accurate and true to the best of my knowledge.

_____	_____	_____
Name of person filing this report	Signature	Date

_____	_____	_____
Name of person receiving this report	Title	Date

PLEASE RETURN THIS FORM TO THE SCHOOL PRINCIPAL OR ANTI-BULLYING COORDINATOR

Edward C. Brandt
Principal
908-284-7255
ebrandt@hcrhs.org
84 Route 31
Flemington, NJ 08822

Andrew Estrada
Anti-Bullying Coordinator
908-284-7234
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