



**Camden City School District**  
**201 N. Front Street, Camden, New Jersey 08102**  
**Phone: 856-966-2000 extension 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, in 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:	GENDER:	GRADE:	AGE:
ACCUSED NAME (Last, First):	GENDER:	GRADE:	AGE:
SCHOOL:		TODAY'S DATE:	
DATE OF INCIDENT:		TIME OF INCIDENT:	
LOCATION OF THE INCIDENT:		NAMES OF WITNESSES:	
DESCRIBE IN AS MUCH DETAIL AS POSSIBLE WHAT HAPPENED:			

**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                      Title                      Date  
 (May be left blank only for anonymous reporting)

\_\_\_\_\_  
 Signature of Person Receiving Form                      Title                      Date

**If you fear a student is in immediate danger contact the Camden County Metro Police immediately!**