

HCS Anonymous Bullying Report Form

Please fill out the form to the best of your ability.

This form is to be used when you have information regarding Harassment, Intimidation and/ or bullying. This report will remain anonymous.

THE COMPLETED FORM SHOULD BE PLACED IN MR. BLIZZARD'S MAILBOX

Please PRINT all known information

Person being bullied (last, first, middle)	Sex	Grade / HR teacher	Age
Bully (last, first, middle)	Sex	Grade / HR teacher	Age

Date and time of incident:

Where did it happen (be as specific as possible):

What happened (be as specific as possible):

Was anyone else there? Did they see what happened?

Please list the names (last, first,)

Date and time completed form submitted:

This report will be followed up within 2 school days.

Should you feel the child is in immediate danger, please contact their parents, school, and/ or the New Jersey State Police at 856-451-0101

En caso de que tengan alguna pregunta o necesiten más detalles acerca de esta información, favor de ponerse en contacto con la Sra. Bear al tel. 451-9203, ex 134.

Bottom portion to be completed by the school

Please date and initial on the appropriate line

_____ Form submitted to SSC member

_____ Form submitted to ABS

_____ Form submitted to CSA