

HASBROUCK HEIGHTS BOARD OF EDUCATION

Hasbrouck Heights, New Jersey 07604

File Code: 5512.2

Exhibit

Harassment, Intimidation, and Bullying Complaint Form

Please complete each section of this form.

Date: _____

Name of Victim(s): _____

Name of the Person (s) who allegedly harassed/bullied: _____

Where did the incident occur? _____

When did the incident take place? _____

How long has this been going on? _____

Nature of the offense:

Was medical attention required due to the incident?

Were the Police notified?

Is there any additional information you would like to provide?

Name of person reporting: _____ Relationship to victim(s): _____

Approved: October 21, 2009

Revised: September 22, 2011

Please note that the district prohibits any person from falsely accusing another as a means of HIB.