

Northern Valley Regional High School District Harassment, Intimidation and Bullying (HIB) Student/Parent Reporting Form

When completed return this form to any of the following individuals: Principal, Assistant Principals, Guidance Counselor

Name of the Reporter:		Relation to the Victim:	
Name of the Alleged Victim:		Grade:	School:
Name of the Accused Student:		Grade	School:
Date(s) of the Incident(s):		Location of HIB:	
Potential Witnesses:			

If you fear a student is in IMMEDIATE danger, contact the police immediately! Thank you.

In your own words, please describe below what you have experienced or witnessed. (Use reverse side if necessary)

Signature: _____

Date: _____

Received By: _____

Date: _____