

ABSECON PUBLIC SCHOOLS
Harassment/Intimidation/Bullying (HIB)
Teacher, Staff, and/or Parent/Guardian Report Form [continued]

Where did this happen? _____

When did this happen? Date/time): _____

Has this happened before? NO YES

Was this incident motivated by any actual or perceived characteristic described in the HIB definition above?

NO YES

If you answered yes above, please provide details related to the motivation behind this situation. _____

Print Parent/Guardian Name

Signature Parent/Guardian Name

Date

When complete, please give this document to the school principal.