



Harassment, Intimidation, & Bullying Prevention Program INVESTIGATION REPORT FORM 2 – NON- PUPIL ACCUSED

Written Report #: Date of Written Report:

School/Work Location:

(An Interview/Information Statement for each person interviewed is attached)

Targeted Pupil:

(A separate Investigation Report Form is required for each targeted pupil)

Persons(s) Accused of Exhibiting Harassment, Intimidation and Bullying Behavior:

- AP1 - AP2 - AP3 -
- AP4 - AP5 - AP6 -

Witness(es)

- W1 - W2 - W3 -
- W4 - W5 - W6 -

Investigation Findings

1. The following person(s) accused of exhibiting harassment, intimidation, or bullying behavior did not commit an act of HIB as defined in N.J.S.A. 18A:37-14.
 AP1 AP2 AP3 AP4 AP5 AP6

2. The following persons(s) accused of exhibiting harassment, intimidation, or bullying behavior committed an act of HIB as defined in N.J.S.A. 18A:37-14.
 AP1 AP2 AP3 AP4 AP5 AP6

The "x" denotes the statement(s) that best describe the HIB behavior committed by the students(s) identified in 2 above. More than one "x" may be noted below.

- | | |
|---|--|
| <input type="checkbox"/> physical aggression or contact to a pupil | <input type="checkbox"/> destruction of property |
| <input type="checkbox"/> teasing or name-calling | <input type="checkbox"/> stalking another pupil |
| <input type="checkbox"/> insulting or demeaning comments | <input type="checkbox"/> publicly humiliating a pupil |
| <input type="checkbox"/> threatening comments, gestures or physical acts | <input type="checkbox"/> stealing or theft |
| <input type="checkbox"/> intimidating conduct toward another pupil | <input type="checkbox"/> defacing/destroying property |
| <input type="checkbox"/> spreading harmful rumors or gossip about a pupil | <input type="checkbox"/> excluding or rejecting a pupil |
| <input type="checkbox"/> getting another person to harm a pupil | <input type="checkbox"/> extorting or exploiting a pupil |
| <input type="checkbox"/> harassment, intimidation or bullying through electronic communications | |
|
<input type="checkbox"/> other – please specify | |

3. **List the actual or perceived characteristic(s) that motivated the behavior:**

4. **Was this a single incident or a series of incidents?**

single incident series of incidents

5. **Listed below are the persons(s) identified in 2 above that have previously committed an act of HIB in the school district.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

6. **The targeted student in this Report has been target in a previously confirmed act(s) of HIB while attending any school in the district.** Yes No

Anti-Bullying Specialist

Signature

Report Date

Date Submitted to Principal*

** This Report and investigation findings must be submitted to the Principal **within ten (10) school days from the date of the written report of the alleged incident.***

Consequences and Remedial Measures - To Be Completed by the Principal

The following consequences and remedial measures, in accordance with the school district's Harassment, Intimidation, and Bullying Policy and applicable law, shall be implemented for the person(s) found to have committed an act of HIB:

<u>Accused Persons(s)</u>	<u>Consequence(s)</u>	<u>Remedial Measures</u>
1.		
2.		
3.		
4.		
5.		
6.		

<u>Targeted Student</u>	<u>Remedial Measures</u>
1.	

Principal _____ Signature _____ Date _____ Date Submitted to Superintendent**

** The Principal must submit this Report to the Superintendent **within two (2) school days of the completion of the investigation.**

To Be Completed By Superintendent

Further Action as Recommended By Superintendent of Schools:

Signature - Superintendent of Schools

Date