BUENA REGIONAL SCHOOL DISTRICT

Buena Regional School District
914 Main Ave.
Richland, NJ 08350

ANTI-BULLYING SPECIALIST INVESTIGATION REPORT

Case # _____

Date of Alleged Incident: _____

Date the Event was Witnessed or Suspected: _____

Date Verbally Reported to Principal: _____

Person Reporting Incident(s) to Principal: _____

School and Location Alleged Incident Occurred: _____

Person Completing this Report: _____

Report Submitted To: _____

Person(s) Accused of HIB behavior: _____

School: _____ **Date of Birth:** _____ **Grade:** _____

Date Parent of Accused was Notified: _____

Recipient(s) of the HIB Behavior Name: _____

School: _____ **Date of Birth:** _____ **Grade:** _____

Date the Parent of Recipient was notified: _____

Date Reported to Anti-Bullying Specialist: _____

Name of School Anti-Bullying Specialist: _____

Name of Student's School Counselor and CST Case Manager (if applicable):

_____

I. SUMMARY OF REPORTED ALLEGATIONS:

Include detailed account of reported allegations.

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II. SUMMARY OF INVESTIGATION PROCEDURES

a. Persons Appointed to Assist Investigation:

b. Witnesses Interviewed:

c. Documents Reviewed:

d. Other Evidence Reviewed:

e. Interventions Already Implemented:

__Verbal Warning __Meet with SAC/Guidance __Meet with CST

__Staff Monitoring __Parent of Accuser Conference __Discipline Imposed

__Parent of Accused Conference __Phone Contact: Parent of Accuser

__Phone Contact: Parent of Accused ___Schedule Change

__Other: _____

f. Anticipating the receipt of additional information relative to the investigation?

____Yes
____No

If Yes, please describe the additional information that is anticipated to be received:

_____

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III. SUMMARY OF FACTUAL FINDINGS:

IV. DIFFERENTIATING CHARACTERISTIC THAT MOTIVATED HIB:

__Race __Color __Ancestry __Gender __Gender Identity/Expression

__National Origin __Sexual Orientation __Religion __Mental/Physical/Sensory Disability

__Other Actual/Perceived Distinguishing Characteristic __N/A

V. HARM CREATED

__Substantial disruption or interference with the orderly operation of the school or rights of others.

__Physical or Emotional Harm

__Insulting or demeaning

__Creates a hostile educational environment for the victim

__Interferes with the student's education

VI. DETERMINATION

__H.I.B.-RELATED INCIDENT __NON-H.I.B.-RELATED INCIDENT

_____ _____

Signature of Anti-Bullying Specialist Date

C: Superintendent of Schools, File