

Investigation Packet

Please note that a separate Investigation Packet is required for each targeted pupil

School Year: _____

School: ___Byrd ___Central ___Coleman ___Hamilton ___MS ___HS

Genesis Incident Code: _____

District Code: _____ (i.e. school name, HIB, school year, number sequence of HIB complaint: School nameHIB13-14001, indicates this was an HIB complaint in SY 13-14 and the 1st complaint filed)

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HIB INVESTIGATION REPORT GENESIS SUMMARY FORM

School: ___Byrd ___Central ___Coleman ___Hamilton ___MS ___HS District Code _____			
Genesis Incident Code:	Incident Date:	Incident Time:	Incident Location:
Target: (Name and School ID)			
Actor(s): (Name and School ID)			
Date incident verbally reported to Principal:		Reported by Whom:	
Date Written report submitted to Principal:		Report Submitted by Whom:	
Date Notification of Parents:		Investigated by:	
Date Investigation Started:		Investigation Completed:	
Date Results Reported to Superintendent:		Results Reported to BOE:	
Date Results Reported to Parents:		Parental Request for hearing: Y / N If Y, enter date of request _____ If Y, enter date of hearing _____	
Conclusion of Investigation: <input type="checkbox"/> Fits HIB definition <input type="checkbox"/> Inconclusive <input type="checkbox"/> Violation of Student Code of Conduct <input type="checkbox"/> Does not fit HIB definition		Status: ___Open ___Closed <input type="checkbox"/> Discipline Incident Created	
HIB INCIDENT CATEGORY: (check all that apply) <u>CATEGORY A</u> (must notify Affirmative Action Officer) <input type="checkbox"/> Race ___Color ___Religion ___Ancestry ___Origin ___Gender ___Sexual Orientation ___Gender Identity & Expression <input type="checkbox"/> Mental, Physical, or Sensory Disability <u>CATEGORY B</u> <input type="checkbox"/> Other Distinguishing Characteristic (Explain):			
EFFECT OF HIB INCIDENT: (check all that apply) <input type="checkbox"/> Substantially disrupted or interfered with orderly operation of school or rights of other students <input type="checkbox"/> Offender knew action would physically or emotionally cause harm to the victim or damage to the victims property <input type="checkbox"/> Victim was in fear of physical or emotional harm or damage to personal property <input type="checkbox"/> Insulted or demeaned a student or a group of students <input type="checkbox"/> Interfered with victims education <input type="checkbox"/> Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student			
MODE OF HIB INCIDENT: (check all that apply) <input type="checkbox"/> Gesture ___Written ___Verbal ___Physical (major or minor injury) ___Electronic Communication			
Is this related to a prior HIB report? If Y, (enter all corresponding Genesis Incident Code(s):			

CHECKLIST FOR INVESTIGATION OF REPORTS OF HIB

School: ___ Byrd ___ Central ___ Coleman ___ Hamilton ___ MS ___ HS District Code _____			
Genesis Incident Code:	Incident Date:	Incident Time:	Incident Location:
Target: (Name and School ID)			
Actor(s): (Name and School ID)			
DAY 1: All acts of harassment, intimidation, or bullying (HIB) shall be reported verbally to the school principal on the same day when the school employees or contracted service provider witnessed or received reliable information regarding any such incident. DATE: _____ The principal shall inform the parents or guardians of students involved in the alleged incident, and may discuss, as appropriate, the availability of counseling, and other intervention services. DATE: _____			
SCHOOL DAY 1: An investigation shall be initiated by the principal or the principal's designee within one (1) school day of the report of the incident and shall be conducted by a school anti-bullying specialist. The principal may appoint additional personnel who are not school anti-bullying specialists to assist in the investigation. DATE: _____			
SCHOOL DAY 2: All acts of harassment, intimidation, or bullying shall be reported in writing to the building principal within school two (2) days of when the school employee or contracted service provider witnessed or received reliable information that a student had been subject to harassment, intimidation or bullying. DATE: _____			
SCHOOL DAY 12: The investigation shall be completed as soon as possible, but not later than ten (10) school days from the date of the written report of the incident. In the event that there is information relative to the investigation that is anticipated but not yet received by the end of the ten (10) day period, the school anti-bullying specialist may amend the original report of the results of the investigation to reflect the information. DATE: _____			
SCHOOL DAY 14: The results of the investigation shall be reported to the superintendent of schools within two (2) days of the completion of the investigation, and the superintendent may decide to provide intervention services, establish training programs to reduce harassment, intimidation or bullying and enhance school climate, impose discipline, or order counseling as a result of the findings of the investigation, or take or recommend other appropriate action. DATE: _____			
REPORT TO THE BOARD: The results of each investigation shall be reported to the board of education no later than the date of the board of education meeting next following the completion of the investigation, along with information on any services, provided, training established, discipline imposed, or other action taken or recommended by the superintendent. DATE: _____			
REPORT TO PARENT(S)/GUARDIAN(S): Parents or guardians of the students who are parties of the investigation shall be entitled to receive information about the investigation, including the nature of the investigation, whether the district found evidence of HIB or whether discipline was imposed or services provided to address the incident of HIB. This information shall be provided in writing within five (5) school days after the results are reported to the board. DATE: _____			
BOARD HEARING: A parent or guardian may request a hearing before the board after receiving the information, and the hearing shall be held within ten (10) days of the request. The board shall meet in executive session for the hearing to protect confidentiality of the students. At the hearing the board may hear from the school-anti-bullying specialist about the incident, recommendation for discipline or services, and any programs instituted to reduce such incidents. Parental Request for hearing: Y / N If Y, enter date of request _____ If Y, enter date of hearing _____ At the next board of education meeting following its receipt of the report, the board shall issue a decision, in writing, to affirm, reject, or modify the superintendent's decision. DATE: _____ The board's decision may be appealed to the Commissioner of Education, in accordance with the procedures set forth in law and regulation, no later than 90 days after the issuance of the board's decision. Parental Request for Appeal: Y / N If Y, enter date of request _____			
CIVIL RIGHTS COMPLAINT: A parent, student, guardian, or organization may file a complaint with the Division on Civil Rights within 180 days of the occurrence of any incident of HIB based on the membership in a protected group as enumerated in the "Law Against Discrimination," P.L. 1945, c. 169 (C. 10:5-1 et seq.) DATE: _____			
ECS INVESTIGATION: Executive County Superintendent shall investigate a complaint of a violation by a school district when a complaint is not adequately addressed at the local level. DATE: _____			

Initial HIB Report

Harassment, Intimidation and Bullying

-Please submit this form to the building Principal-

School: Byrd Central Coleman Hamilton MS HS District Code _____

Alleged Target(s):	Alleged Actor(s) of HIB Behavior:
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Submitted by: _____ Title: _____ Signature: _____

Date of Alleged Incident: _____ Time: _____ Today's Date: _____

Alleged Category of HIB:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Origin	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Gender Identity & Expression <input type="checkbox"/> Mental, Physical, or Sensory Disability <input type="checkbox"/> Other Distinguishing Characteristic						

Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (use back of form for additional space).

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Location(s) of alleged HIB incident (check all that applies and specify/describe location):

School property: _____

School-sponsored function: _____

School bus: _____

Off school grounds: _____

List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

Name	Student	Parent	School Employee	Other

****Office Use****

Date Received by Principal: _____ Date Investigation Started: _____

Principal's Initials: _____

Anonymous Initial HIB Report

Harassment, Intimidation and Bullying

-Please submit this form to the building Principal-

Please note formal disciplinary action may not be taken solely on the basis of an anonymous report.

School: ___Byrd ___Central ___Coleman ___Hamilton ___MS ___HS District Code _____

Alleged Target(s):	Alleged Actor(s) of HIB Behavior:
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Date of Alleged Incident: _____ Time: _____ Today's Date: _____

Alleged Category of HIB:

___Race ___Color ___Religion ___Ancestry ___Origin ___Gender ___Sexual Orientation
___Gender Identity & Expression ___Mental, Physical, or Sensory Disability ___Other Distinguishing Characteristic

Describe the nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written, verbal or physical act(s), or any electronic communication (use back of form for additional space).

--

Location(s) of alleged HIB incident (check all that applies and specify/describe location):

___ School property: _____

___ School-sponsored function: _____

___ School bus: _____

___ Off school grounds: _____

List below any person who you know or have reason to believe may have relevant information and indicate if student, parent, staff member or other.

Name	Student	Parent	School Employee	Other

****Office Use****

Date Received by Principal: _____ Date Investigation Started: _____

Principal's Initials: _____

INVESTIGATION REPORT FORM

****Investigation of staff to be conducted by administrator and/or supervisor****

School: ___ Byrd ___ Central ___ Coleman ___ Hamilton ___ MS ___ HS District Code _____			
Genesis Incident Code:	Incident Date:	Incident Time:	Incident Location:
Target: (Name and School ID)			

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

Under New Jersey law, “harassment, intimidation, or bullying” means any gesture, any written, verbal or physical act or any electronic communication, whether it is a single incident or a series of incidents, that is:

- a. Reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or
- b. By any other distinguishing characteristic; and that
- c. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3, that substantially disrupts or interferes with the orderly operation of the school or the rights of other pupils; and that
- d. A reasonable person should know under the circumstances will have the effect of physically or emotionally harming a pupil or damaging the pupil’s property, or placing a pupil in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or
- e. Has the effect of insulting or demeaning any pupil or group of pupils; or
- f. Creates a hostile educational environment for the pupil by interfering with a pupil’s education or by severely or pervasively causing physical or emotional harm to the pupil.

This investigation shall be conducted in accordance with New Jersey law and Glen Rock Board of Education Policy No. 5512 *Harassment, Intimidation, or Bullying Investigation Procedure*.

School: ___ Byrd ___ Central ___ Coleman ___ Hamilton ___ MS ___ HS District Code _____			
Genesis Incident Code:	Incident Date:	Incident Time:	Incident Location:

Investigation Report

{Be sure to also include the following, if appropriate}

Listed below are the individual(s) identified in 2 above that have PREVIOUSLY COMMITTED an act of HIB while attending any school in the school district. (place a √ next to person(s) identified)

The targeted student in this Report has been a target in a PREVIOUSLY CONFIRMED act(s) of HIB while attending any school in the district.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is this related to a PRIOR HIB report?

If Yes, (enter all corresponding Genesis Incident Code(s):

Anti-Bullying Specialist/Investigator 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.***

School: ___ Byrd ___ Central ___ Coleman ___ Hamilton ___ MS ___ HS District Code _____			
Genesis Incident Code:	Incident Date:	Incident Time:	Incident Location:

HIB Investigation Summary

District Code: _____

_____ **No further action(s) required at this time**

_____ **The following is recommended:**

Superintendent of Schools

Date

School: ___ Byrd ___ Central ___ Coleman ___ Hamilton ___ MS ___ HS District Code _____

Statement from: (check one)

Name: _____

_____ Alleged perpetrator

_____ Alleged victim

_____ Witness

Please explain what happened in your own words in the space below. If you need more space, use the back of the form.