**Harassment, Intimidation, & Bullying Prevention Program**

**Mr. Bruce Watson, Interim Superintendent of Schools**

**Dr. Linda Weber**, District Anti-Bullying Coordinator

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***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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* **Statements from alleged perpetrator(s), victim(s), witness(es)**

**HIB INVESTIGATION REPORT GENESIS SUMMARY FORM**

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| **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:****\_\_\_\_\_ Fits HIB definition** **\_\_\_\_\_ Inconclusive****\_\_\_\_\_ Violation of Student Code of Conduct****\_\_\_\_\_ Does not fit HIB definition**  | **Status: \_\_Open \_\_\_Closed** **\_\_\_\_Discipline Incident Created** |
| **HIB INCIDENT CATEGORY: (check all that apply)****CATEGORY A (must notify Affirmative Action Officer)****\_\_\_Race \_\_\_Color \_\_\_Religion \_\_\_Ancestry \_\_\_Origin \_\_\_Gender \_\_\_Sexual Orientation \_\_\_Gender Identity & Expression** **\_\_\_Mental, Physical, or Sensory Disability****CATEGORY B** **\_\_\_Other Distinguishing Characteristic (Explain):** |
| **EFFECT OF HIB INCIDENT: (check all that apply)****\_\_\_Substantially disrupted or interfered with orderly operation of school or rights of other students****\_\_\_Offender knew action would physically or emotionally cause harm to the victim or damage to the victims property****\_\_\_Victim was in fear of physical or emotional harm or damage to personal property****\_\_\_Insulted or demeaned a student or a group of students****\_\_\_Interfered with victims education****\_\_\_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)****\_\_\_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:**  |

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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: \_\_\_\_\_\_\_\_\_**

## 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:**  |

**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\*\****

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| --- |
| **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:**

1. 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
2. By any other distinguishing characteristic; and that
3. 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
4. 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
5. Has the effect of insulting or demeaning any pupil or group of pupils; or
6. 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*.**

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| --- |
| **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.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**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**

|  |
| --- |
| **School: \_\_\_ Byrd \_\_\_\_Central \_\_\_Coleman \_\_\_Hamilton \_\_\_MS \_\_\_HS District Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Genesis Incident Code:** | **Incident Date:** | **Incident Time:** | **Incident Location:** |

**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 the Code of Pupil Conduct, shall be implemented for the individual(s) found to have committed an act of HIB:

**District Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intervention Services:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Intervention Service** | **Person(s) Responsible** | **Timeline for** **Implementation** | **Implementation Complete** |
|  |  |  |  |

**Training Programs:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Training Program (Specific)** | **Person(s) Responsible** | **Timeline for** **Implementation** | **Implementation Complete** |
|  |  |  |  |

**Counseling:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Counseling Service** | **Person(s) Responsible** | **Timeline for** **Implementation** | **Implementation Complete** |
|  |  |  |  |

**Discipline:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Discipline** | **Person(s) Responsible** | **Timeline for** **Implementation** | **Implementation Complete** |
|  |  |  |  |

**Other:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Other Action Recommended or Taken** | **Person(s) Responsible** | **Timeline for** **Implementation** | **Implementation Complete** |
|  |  |  |  |

**COMMENTS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **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****.*

**Superintendent’s Summary of Recommendations**

**District Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ No further action(s) required at this time**

**\_\_\_\_\_\_ The following is recommended:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Superintendent of Schools Date**

Forms revised 10/2013

**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.