

TIMELINE FOR INVESTIGATION OF REPORTS OF HARASSMENT, INTIMIDATION AND BULLYING

based on 2011 Anti-Bullying Bill of Rights Act

School day 1. HIB occurs and/or employee learns of HIB.
Verbal report to be made to principal.
Principal must inform parents/guardians "of all students involved"

By school day 2. Principal must initiate investigation by Anti-Bullying Specialist within one school day of report; may appoint others to assist.

By school day 3. Written report to principal to be made within 2 days of when employee witnessed or received reliable information that a student experienced HIB.

By school day 11. Investigation complete (by 10 school days from written report).

By school day 13. Results of investigation must be given to superintendent within 2 school days of completing investigation. Superintendent may decide to take action (e.g., intervention services, training, discipline, counseling, etc.)

Report to board. Superintendent must report to board of education at next board meeting following completion of investigation.

Report to parent/guardian. District must provide "information about the investigation" to parents/guardians of "students who are parties to the investigation" about investigation and findings within 5 school days after investigation results given to board. Information to include: nature of investigation, whether evidence of HIB was found, whether discipline imposed or services provided to address the HIB

Board hearing. Parent may request confidential hearing before board of education, which must occur within 10 calendar days of request.

Board decision. Board must issue decision, in writing, to affirm, reject or modify superintendent's decision, at next board meeting following receipt of report. Board's decision may be appealed to Commissioner of Education within 90 calendar days.

Civil rights complaint. Parents may file a complaint with the NJ Division on Civil Rights within 180 calendar days of incident, or in state or federal court

ECS investigation. Executive county superintendent shall investigate a complaint of a violation by a school district when the complaint is not adequately addressed on the local level.

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SAMPLE REPORT FORM FOR HARASSMENT, INTIMIDATION, BULLYING

NOTE: This is an illustrative form that identifies key reporting elements that should be addressed as required by the 2011 Anti-Bullying Bill of Rights. Each school district should create its own reporting form based on existing district policies and procedures.

_____ School

Date of alleged incident: _____

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged bullying incident:

- Race
- Color
- Religion
- Ancestry
- National Origin
- Gender
- Sexual Orientation
- Gender Identity and Expression
- Mental or Physical or Sensory Disability
- OTHER actual or perceived characteristic (list below):

Location of alleged harassment, intimidation or bullying. Check and complete all that apply:

- School property. Identify: _____
- School-sponsored function. Identify function: _____
- School bus. Identify: _____
- Off school grounds. Describe: _____

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply:

- Substantial disruption or interference with orderly operation of school or rights of others
- Physical or emotional harm
- Insulting or demeaning
- Creates a hostile educational environment
- Interferes with student's education

Describe in narrative form what harm you believe was caused to the student and the basis for your belief.

Please add any other pertinent information on reverse of form or on a separate sheet.

Name

Date

Anonymous

Date

(Anonymous reporting is intended as an option for parents or students, not by staff members)

Indicate how you learned that a student may have been the victim of harassment, intimidation or bullying:

- Witnessed incident
- Informed by alleged victim
- Informed by other person (identify if student, parent, staff person, other, and list below or attach list)

- Anonymous source

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

Describe nature of alleged harassment, intimidation or bullying. Include any gesture, any relevant written verbal or physical act[s], or any electronic communication (attach additional sheets if necessary).

SAMPLE REPORTING FORM FOR USE BY ANTI-BULLYING SPECIALIST

NOTE: The investigation of an HIB report is to be completed as soon as possible, but no later than 10 school days from the date of the written report. This report is to be given to the superintendent of schools within two school days of completing the investigation.

DATE(S) OF INCIDENT(S): _____

DATE(S) WHEN INCIDENT(S) WAS/WERE REPORTED TO DISTRICT:

PERSON WHO MADE INITIAL REPORT _____

SUMMARY OF CLAIMS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

SUMMARY OF INVESTIGATION PROCEDURES

Persons appointed to assist Anti-Bullying Specialist:

Witnesses interviewed:

Documents reviewed:

Other evidence reviewed:

Do you anticipate receiving additional information relative to this investigation?

Yes No

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

SAMPLE FORM FOR SUPERINTENDENT TO REPORT TO BOARD OF EDUCATION ABOUT HIB INCIDENT

Note: This form is intended for use of the superintendent of schools for each report to the board of education about an act of HIB.

Below is a summary of all actions either implemented and/or recommended by the superintendent in response to the report of the anti-bullying specialist.

SUMMARY OF ACTIONS TAKEN / RECOMMENDED

Intervention Services

Description of Intervention Service	Person(s) Responsible	Timeline for Implementation

Training Programs

Description of Training Program	Person(s) Responsible	Timeline for Implementation

SUMMARY OF FACTUAL FINDINGS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

I find that harassment, intimidation or bullying occurred because of the following:

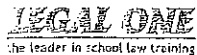
I find that harassment, intimidation or bullying did not occur.

Additional comments/recommendations, if any: _____

Signature of Anti-Bullying Specialist _____ Date _____

Principal's recommendations for response: _____

Signature of Principal _____ Date _____



SAMPLE FORM FOR REPORT TO PARENTS REGARDING ALLEGED INCIDENT OF HARASSMENT, INTIMIDATION OR BULLYING

Note: This form is intended to be use to create a report to be provided to parents or guardians within 5 school days after the results of the investigation are reported to the board.

SUMMARY OF CLAIMS:

FACTUAL FINDINGS OF ANTI-BULLYING SPECIALIST:

HARASSMENT, INTIMIDATION OR BULLYING DID _____ DID NOT _____ OCCUR.

IF FINDING IS THAT HARASSMENT, INTIMIDATION OR BULLYING OCCURRED,
DESCRIBE ANY SERVICES AND/OR INTERVENTION IMPLEMENTED TO ADDRESS
INCIDENT:

IF FINDING IS THAT HARASSMENT, INTIMIDATION OR BULLYING OCCURRED,
WAS DISCIPLINE IMPOSED?

____ Yes ____ No

Signature of Superintendent _____ Date _____

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Counseling

Description of Counseling Service	Person(s) Responsible	Timeline for Implementation

Discipline

Description of Discipline	Person(s) Responsible	Timeline for Implementation

Other

Description of Other Action Recommended or Taken	Person(s) Responsible	Timeline for Implementation

COMMENTS:

Signature of Superintendent _____ Date _____