

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

_____ Regional High School
Address, City, State, Zip Code

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 committing HIB behavior & Grade: _____

Recipient(s) of the HIB Behavior & Grade: _____

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.

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

_____ Regional High School
Address, City, State, Zip Code

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

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

_____ Regional High School
Address, City, State, Zip Code

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

III. SUMMARY OF FACTUAL FINDINGS:

IV. DETERMINATION

__H.I.B.-RELATED INCIDENT

__NON-H.I.B.-RELATED INCIDENT

Signature of Anti-Bullying Specialist

Date

C: Superintendent of Schools
File