## **Cliffside Park Public Schools**

Cliffside Park, New Jersey 07010

Writte	en Report #:	Date of Written Report:	School/Work Location
		ement for each person interviewed is attac (A separate Investiga	ched. tion Report Form is required for each targeted pupil.)
		nibiting Harassment, Intimidation a	
			AP3 AP6
Witne	. ,		
		W2 W5	W3 W6
	igation Findings		
1.	did not commit a		ng harassment, intimidation, or bullying conduct and bullying as defined in N.J.S.A. 18A:37-14. AP6
2.	committed an ac		ng harassment, intimidation, or bullying conduct d bullying as defined in N.J.S.A. 18A:37-14. AP6
Below	v is a description of	the act or conduct committed by th	e person(s) identified in 2. above:
3.	List the actual or	perceived characteristic(s) that mot	ivated the behavior:
4.	Was this a single	incident or a series of incidents? _	single incident series of incidents
5.	Listed below are the school district	1	that have previously committed an act of HIB in

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

Anti-Bullying Specialist

Signature

Report Date Date Submitted to Principal\*

\* This Report and investigation findings must be submitted to the Principal within ten school days from the date of the written report of the alleged incident.

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 applicable law shall be implemented for a person(s) found to have committed a HIB act or conduct:

Accused Person(s)	Consequence(s)	Remedial Measures
1		
2.		
3.		
Targeted Pupil(s)	Remedial Measures	
1		

## Cliffside Park Public Schools Cliffside Park, New Jersey 07010

Principal	Signature	Date	Date Submitted to Superintendent**
** The Principal n	nust submit this Report to the Su	perintendent within two	school days of the completion of the investigation
To Be Complet	ed By Superintendent		
-	as Recommended By Supe	rintendent of School	ls:

Signature - Superintendent of Schools

Date