

Cliffside Park Public Schools
Cliffside Park, New Jersey 07010

Written Report #: _____ Date of Written Report: _____ School/Work Location _____

An Interview/Information Statement for each person interviewed is attached.

Targeted Pupil: _____ (A separate Investigation Report Form is required for each targeted pupil.)

Person(s) Accused of Exhibiting Harassment, Intimidation and Bullying Behavior:

AP1 - _____ AP2 - _____ AP3 - _____
AP4 - _____ AP5 - _____ AP6 - _____

Witness(es)

W1 - _____ W2 - _____ W3 - _____
W4 - _____ W5 - _____ W6 - _____

Investigation Findings

1. ___ The following person(s) accused of exhibiting harassment, intimidation, or bullying conduct did not commit an act of harassment, intimidation and bullying as defined in N.J.S.A. 18A:37-14.
___AP1 ___AP2 ___AP3 ___AP4 ___AP5 ___AP6

2. ___ The following person(s) accused of exhibiting harassment, intimidation, or bullying conduct committed an act of harassment, intimidation and bullying as defined in N.J.S.A. 18A:37-14.
___AP1 ___AP2 ___AP3 ___AP4 ___AP5 ___AP6

Below is a description of the act or conduct committed by the person(s) identified in 2. above:

3. List the actual or perceived characteristic(s) that motivated the behavior: _____

4. Was this a single incident or a series of incidents? ___ single incident ___ series of incidents

5. Listed below are the person(s) identified in 2. above that have previously committed an act of HIB in the school district.

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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:

<u>Accused Person(s)</u>	<u>Consequence(s)</u>	<u>Remedial Measures</u>
1. _____	_____	_____
	_____	_____
2. _____	_____	_____
	_____	_____
3. _____	_____	_____
	_____	_____

<u>Targeted Pupil(s)</u>	<u>Remedial Measures</u>
1. _____	_____

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Principal Signature Date Date Submitted to Superintendent**

*** The Principal must submit this Report to the Superintendent within two school days of the completion of the investigation.*

To Be Completed By Superintendent
Further Action as Recommended By Superintendent of Schools:

Signature - Superintendent of Schools Date