

<b>Timberlane Regional School District</b>	<b>Procedure Code: JICK-X</b>
<b>Approved: 04-03-19</b> <b>Revised: 05-01-19</b>	<b>Page 1 of 7</b>

## SCHOOL BULLYING INVESTIGATION FORM

*(Building Level Administrator Form)*

AA     
  DES     
  PS     
  SC-TLC     
  SN     
  TRMS     
  TRHS

This school **Bullying Investigation Form** is to be used to document the investigation and comply with the reporting requirements for all alleged incidents of school bullying consistent with RSA 193:F and School Board Policy JICK.

**REPORTING:** Complete one School Bullying Investigation Form for each alleged victim.

School Administrator completing form: \_\_\_\_\_ Position: \_\_\_\_\_

Reported to Principal/Designee: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Required investigation completion date (reported date + 10 days): \_\_\_\_\_

Name of Person reporting incident: \_\_\_\_\_ Role: \_\_\_\_\_

Waiver for time extension: \_\_\_\_\_

*\*If report was received in writing, please attach reports.*

Name(s) of Alleged Victim(s)	Age/DOB	School	Grade	Notes

Name(s) of Alleged Perpetrator(s)	Age/DOB	School	Grade	Notes

**Date(s) of Incident:** \_\_\_\_\_

**Location of Incident:** (Check all that apply)

on school property     
  at school sponsored event or activity     
  Video/Audio – Requested/Included

on school bus     
  off campus

**Description of alleged bullying:** \_\_\_\_\_

### INVESTIGATION

Police Reporting under Safe Schools:   
 discretionary     
 mandatory     
 Date: \_\_\_\_\_

Incident reported to parent/guardian of alleged victim within 48 hours of receipt of bullying complaint   
 Yes   
 No

Initials \_\_\_\_\_ Via:   
 telephone   
 writing   
 personal conference

Date investigation began: \_\_\_\_\_ Initials: \_\_\_\_\_

Superintendent/designee grants principal/designee a waiver of parental/guardian notification in writing?   
 Yes   
 No

Waiver attached:   
 Yes   
 No     
 Initials: \_\_\_\_\_

Date received by SAU (48 hours) \_\_\_\_\_

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**Initial Contact with Parent/Guardian(s):**

Incident reported to parent/guardian of alleged perpetrator(s) within 48 hours of receipt of bullying complaint?

Yes  No Initials: \_\_\_\_\_

Student Perpetrator(s)	Parent/Guardian	Date of Notification	Time of Notification	Method of Notification
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.

Notes:

Student (Victim(s))	Parent/Guardian	Date of Notification	Time of Notification	Method of Notification
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.

Notes:

**Investigation began within 5 days of bullying being reported?**  Yes  No Initials: \_\_\_\_\_

What actions were taken to investigate this incident? (Check all that apply)

- Interviewed alleged student victim
- Interviewed alleged student victim's parent/guardian
- Interviewed alleged perpetrator(s)
- Interviewed alleged perpetrator's parent/guardian
- Interviewed witnesses
- Examined physical evidence: \_\_\_\_\_
- Witness statements collected in writing \_\_\_\_\_
- Interviewed school nurse \_\_\_\_\_
- Interviewed guidance, school psychologist
- Reviewed academic records: \_\_\_\_\_
- Reviewed medical information
- Reviewed student records: \_\_\_\_\_
- Reviewed bus incident report
- Reviewed student attendance: \_\_\_\_\_
- Reviewed social history between parties
- Reviewed video surveillance: \_\_\_\_\_
- Interviewed teachers and/or school
- Reviewed electronic content/web content
- Staff: (list names) \_\_\_\_\_
- Considered history of prior student conflicts or problematic behavior

Reviewed changes in emotional functioning \_\_\_\_\_

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**INVESTIGATION FINDINGS/EVIDENCE OF BULLYING:**

Please check both the column on the left and right for all that apply: (RSA 193:F State definitions of bullying)

<b>Definitions of Bullying</b>	<b>Look for:</b>
<input type="checkbox"/> Physically harmed the students	<input type="checkbox"/> Physical injuries <input type="checkbox"/> Other: _____
<input type="checkbox"/> Damaged the victim's property	<input type="checkbox"/> Property damage <input type="checkbox"/> Other: _____
<input type="checkbox"/> Caused emotional distress to the victim	<input type="checkbox"/> Excessive emotional behavior <input type="checkbox"/> Evidence of anxiety (including physical symptoms) or being nervous and scared. <input type="checkbox"/> Evidence of internalizing behavior- increased isolation, socially removed. <input type="checkbox"/> Changes in school attendance: absences, tardiness, dismissals <input type="checkbox"/> Changes in grades – school performance <input type="checkbox"/> Changes in affect <input type="checkbox"/> Other: _____
<input type="checkbox"/> Interfered with the victim's educational opportunities	<input type="checkbox"/> Nurse visits <input type="checkbox"/> Changes in school attendance: absences, tardiness, dismissals <input type="checkbox"/> Missing classes/parts of school day <input type="checkbox"/> Changes in grades – school performance <input type="checkbox"/> Changes in participation of school activities, athletics, co-curricular, etc. <input type="checkbox"/> Avoidance of elements of school day including school bus <input type="checkbox"/> Other: _____
<input type="checkbox"/> Created a hostile education environment	<input type="checkbox"/> Created significant tension between students/others <input type="checkbox"/> Students are significantly uncomfortable <input type="checkbox"/> Student hostile in educational environment <input type="checkbox"/> Socially maladjusted behavior directed to student(s) <input type="checkbox"/> Other: _____

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**INVESTIGATION FINDINGS/EVIDENCE OF BULLYING:**

Please check both the column on the left and right for all that apply: (RSA 193:F State definitions of bullying)

<input type="checkbox"/> Substantially disrupted the orderly operation of the school	<input type="checkbox"/> Significant incident of disruption <input type="checkbox"/> Repeated evidence of school disruption <input type="checkbox"/> Discipline patterns <input type="checkbox"/> Violations of behavioral expectation that result in school disruption <input type="checkbox"/> Other: _____
<input type="checkbox"/> Created an "imbalance of power" between victim and perpetrator	<input type="checkbox"/> Bullying based on disability <input type="checkbox"/> Anonymity of on-line behavior <input type="checkbox"/> Perceived social status discrepancy <input type="checkbox"/> Social skills deficit/struggles exploited <input type="checkbox"/> Creation of social isolation <input type="checkbox"/> Taunting, tormenting, harassing behavior that is perceived as a power imbalance <input type="checkbox"/> Other: _____
<input type="checkbox"/> Included the use of electronic devices as defined in the School Board Policy JICK  Identify at least one bullying component that used electronic medium.	<input type="checkbox"/> Cell phones <input type="checkbox"/> Audio or visual images <input type="checkbox"/> Instant messaging/email <input type="checkbox"/> Gaming <input type="checkbox"/> Social networking (i.e. Facebook, etc.) <input type="checkbox"/> Blogs <input type="checkbox"/> Web content <input type="checkbox"/> Other: _____

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**INVESTIGATION DETERMINATION**

Based on this investigation, school administration determines the following:

- In the "evidence of bullying" section above, there was at least one "investigation finding."
  - Yes – proceed to #2
  - No – stop bullying investigation and process as standard discipline investigation  
**(Parent/guardian must be notified in writing of investigation results regardless of the determination)**
- Does this investigation conclude that this incident is a single significant incident?
  - Yes – this is a substantial incident of bullying - proceed to next section
  - NO – proceed to question #3. Does the investigation conclude that this incident is a pattern of incidents?
- Does the investigation conclude that this incident is a pattern of incidents?
  - Yes – this is a substantiated incident of bullying – proceed to next section
  - No – stop bullying investigation and proceed as a standard discipline investigation

**INTERVENTIONS/CONSEQUENCES (Write student's name beside whichever applies)**

(This list is a guide only and is not intended to be exhaustive)

<b>Victim</b>	<b>Perpetrator</b>	<b>Intervention/Consequences</b>	<b>Notes</b>
		None were warranted	
		Student conference w/ administration	
		Positive behavioral interventions	
		Teacher notification plan	
		Other school staff notification	
		Parent meeting(s)	
		Referral to 504, Special Ed. Team	
		Counseling/therapeutic interventions	
		Safe person plan	
		Check in – check out assigned	
		Bullying prevention plan to be developed	
		Follow up/monitoring	
		Unstructured areas safety plan	
		School bus planning/notification	
		Loss of privileges	
		Detention	
		In-school suspension	
		Out-of-School suspension	
		Other (specify):	

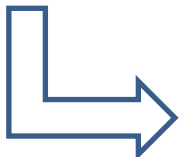
Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**NOTIFICATION REQUIREMENTS:**

Yes       No      Investigation completed within 10 days of receiving initial report?  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Yes       No      Superintendent/designee granted an extension of up to 7 school days to complete investigation

Investigation  Principal/designee must notify in writing all parties involved in this of the granting of the extension  
 Notification date: \_\_\_\_\_ Initials: \_\_\_\_\_

• **Attach copies of notification**

Within 10 school days of completing an investigation, the principal/designee will notify the parents of the students involved of the findings and the result of the investigation.

**Documentation of Notification:      Further contact with Parent/Guardian(s)**

Student	Perpetrator? Victim?	Parent/Guardian	Date of Notification	Method of Notification	Notes

Additional pertinent information gained during investigation: (attach a separate sheet if necessary)

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Investigator notes: (attach a separate sheet if necessary)

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**Attachments:**

- Discipline referral
- Safe schools report
- Superintendent/designee waiver of notification
- Parent/staff bullying form
- Student bullying reporting form
- Principal/designee notification of time extension for investigation
- Investigation evidence
- Other: \_\_\_\_\_

**FOR STATE REPORTING PURPOSES**

This section is designed to collect bullying data consistent with the NH DOE reporting categories of the School Safety Survey. Please hypothesize the intent of this substantiated bullying incident based on the following state reporting categories. Please note, only check if your investigation provides evidence upon which to base this conclusion. If the reporting categories do not apply, please do not check.

- On the basis of gender
- On the basis of sexual orientation
- On the basis of race, color, or national origin
- On the basis of disability
- On the basis of physical characteristics (other than race)

Principal: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Signature

Designee: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Signature

Principal/designee must submit all substantiated reports of bullying to the superintendent/designee upon completion of the investigation.

Received at the SAU Office on: \_\_\_\_\_ Initials: \_\_\_\_\_

Print Name: \_\_\_\_\_