

Timeline for Reports of Harassment, Intimidation and Bullying (Based on 2011 Anti-Bullying Bill of Rights Act)

- School Day 1** Verbal Report to be made to Principal on the same day the employee learns of the alleged HIB
Principal informs parents or guardians.
- School Day 2** Principal must initiate investigation by Anti-Bullying Specialist within one day of report; may appoint others to assist
- By School Day 3** Written report to be made within 2 days of when employee witnessed or received reliable information that a student experienced HIB
- School Day 11** Investigation complete no later than 10 school days from date of initial report).
- By School Day 13** Results of investigation must be given to Superintendent within 2 school days of completing investigation. Superintendent decides which actions to take (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 to parent of alleged bully(ies) AND victim(s) about investigation and findings within 5 school days after investigation results given to board.
- Board hearing** Parent may request confidential hearing before Board of Education within 60 days. The hearing must occur within 10 calendar days of request.
- Post-hearing Board decision** Board must issue decision, in writing, to affirm, reject or modify the 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, if HIB is based on a characteristic protected under state or federal law.
- 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

Northern Valley Regional High School District Harassment, Intimidation and Bullying (HIB) Student/Parent Reporting Form

When completed return this form to any of the following individuals: The Principal, Assistant Principals, Teacher, Guidance Counselor, Anti-Bullying Specialist, Nurse, Coach and Child Study Team Member.

Name of the Reporter:		Relation to the Victim:	
Name of the Alleged Victim:		Grade:	School:
Name of the Accused Student:		Grade	School:
Date(s) of the Incident(s):		Location of HIB:	
Potential Witnesses:			

If you fear a student is in IMMEDIATE danger, contact the police immediately!

In your own words, please use the space below to describe what you have experienced or witnessed. (Use reverse side if necessary)

Signature: _____

Date: _____

Received by: _____

Date: _____

**Northern Valley Regional High School District
Harassment, Intimidation and Bullying (HIB) Student/Parent
Reporting Form (Continued)**

Administrative use only:

Is there an Actual or Perceived Characteristic (*at least one* must be selected to refer to ABS):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender Identity and Expression |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender | <input type="checkbox"/> Mental, Physical, or Sensory Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Ancestry | | |

-and/or-

- Other distinguishing characteristic: _____

Conclusion

- Referred to ABS for HIB investigation (*at least one characteristic is identified above*)
- Potential Code of Conduct Violation/ Not HIB (*even if all facts are true, cannot be HIB*)

If not referred to the ABS, describe why HIB cannot be found (*attach separate pages if necessary*):

Report Prepared By: _____
(Print Name)

Report Prepared By: _____ Date: _____
(Signature)

Supporting documentation, if any, should be attached to this form.

Northern Valley Regional High School District Harassment, Intimidation, Bullying (HIB) Staff Reporting Form

Verbally Reported to the Principal or Designee on: (mm/dd/yy) _____						
Alleged Victim Name (last, First, Middle)			ID#	<input type="radio"/> Male <input type="radio"/> Female	Grade	Age
Accused Name (Last, First, Middle)			ID#	<input type="radio"/> Male <input type="radio"/> Female	Grade	Age
School	<input type="radio"/> NVD	<input type="radio"/> NVOT	<input type="radio"/> VRP	Today's Date (mm/dd/yy)	Date of the Alleged Incident:	
Administrator/Principal or designee signature:				Print Name:		

If you fear a student is in **IMMEDIATE** danger, contact their home, school and the police immediately.

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)

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

Location of alleged HIB. Check & complete all that apply:

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

In your own words, please use the space below to describe what you have heard or witnessed. (Use reverse side if necessary)

Name (print)

Signature

Date

Administrative use only:

Is there an Actual or Perceived Characteristic (*at least one* must be selected to refer to ABS):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender Identity and Expression |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender | <input type="checkbox"/> Mental, Physical, or Sensory Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Ancestry | | |

-and/or-

- Other distinguishing characteristic: _____

Conclusion

- Referred to ABS for HIB investigation (*at least one characteristic is identified above*)
- Potential Code of Conduct Violation/ Not HIB (*even if all facts are true, cannot be HIB*)

If not referred to the ABS, describe why HIB cannot be found (*attach separate pages if necessary*):

Report Prepared By: _____ Signature: _____ Date: _____
(Print Name)

In Response to HIB ABS Report For Use by Administrator:

Below please provide a summary of all actions either implemented and/or recommended by the school administration in response to the report of the anti-bullying specialist.

Name(s) of alleged victim(s):		Grade:	
Address:			
Name(s) of accused:		Grade:	
Address:			
Person who made report:			
Date of incident:			
Date of verbal report:			
Date written report received:			
Investigation start date:			
Investigation end date:			
Anti-Bullying Specialist:			
Assistant Principal assigned to assist:			

Was this case considered to be HIB by the ABS Yes No

Summary of Actions Taken/Recommended as a Result of the Investigation.

Intervention Services

Description of Intervention Service _____

Person(s) Responsible _____

Timeline for Implementation _____

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 recommendations _____

Person(s) Responsible _____

Timeline for Implementation _____

Communication/ Parent Contact

Date of Contact _____

Name(s) of Parent or Guardian _____

Notes _____

Comments:

Signature of Administrator: _____ Date _____

Superintendent Report Form

Report for Parents Regarding Incidents of Harassment, Intimidation or Bullying:

Confirmed HIB

This report is to be provided to parent within 5 school days after the results of the investigation are reported to the board.

Note: In order to protect student confidentiality, student initials, rather than names are used throughout this report.

Summary of Allegations:

Factual findings of Anti-Bullying Specialist:

Was discipline imposed?

Yes No

Were other services and/or intervention implemented to address the incident?

Yes No

Further Action

You may request a hearing before the Board of Education after receiving this information by submitting a letter requesting a Board hearing to the Superintendent of Schools. When a request for a hearing is granted, the hearing shall be held within ten calendar days of the request. At the regularly scheduled Board of Education meeting following its receipt of the report or following a hearing in executive session, the Board shall issue a decision, in writing, to affirm, reject, or modify the Superintendent's decision.

The Board's decision may be appealed to the Commissioner of Education, in accordance with N.J.A. C. 6A:3, Controversies and Disputes, no later than ninety days after issuance of the Board of Education's decision. A parent, pupil, legal guardian, or organization may file a complaint with the Division on Civil Rights within one hundred eighty days of the occurrence of any incident of harassment, intimidation, or bullying based on membership in a protected group as enumerated in the "Law Against Discrimination," P.L.1945, c.169(C.10.5-1 et seq.).

Signature of Superintendent: _____ Date: _____

Superintendent Report Form

Report for Parent Regarding Alleged Incidents of Harassment, Intimidation or Bullying:

(NOT HIB)

This report is to be provided to parent within 5 school days after the results of the investigation are reported to the board.

Note: In order to protect student confidentiality, student initials, rather than names are used throughout this report.

Was the behavior motivated by the alleged victim's protected class as determined by the ABS and Administrator?

Yes No

Did the alleged behavior substantially disrupt or interfere with the orderly operation of the school or the rights of the alleged victim or other students?

Yes No

Summary of Allegations:

Factual findings of Anti-Bullying Specialist:

Was discipline imposed?

Yes No

Were other services and/or intervention implemented to address the incident?

Yes No

Further Action

You may request a hearing before the Board of Education after receiving this information by submitting a letter requesting a Board hearing to the Superintendent of Schools. When a request for a hearing is granted, the hearing shall be held with ten calendar days of the request. At the regularly scheduled Board of Education meeting following its receipt of the report or following a hearing in executive session, the Board shall issue a decision, in writing, to affirm, reject, or modify the Superintendent's decision.

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Signature of Superintendent _____ Date _____

HIB Checklist for Building Administrator

Victim's Name:		ID Number:
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- HIB incident verbally reported to the Principal or Designee.
- Principal forwards the report to the appropriate AP.
- AP notifies the appropriate Anti-Bullying Specialist.
- Written report received from the reporter.
- Parents of all students involved are called to notify them of the investigation.
- Investigation is conducted by the ABS and the Assistant Principal of the victim.
- Determination is made whether or not the behaviors reported reflect a violation of the HIB policy.
- Investigation report from the ABS and AP are forwarded to the principal. Discipline may be administered for inappropriate conduct at this time, if applicable.
- Principal form completed
- Superintendent letter prepared
- The results of the investigation are forwarded to the Superintendent.

Central Office Checklist

- Superintendent office adds the summary to the board reporting form
- Superintendent reports the findings to the board at the next available meeting
- Letter sent to the parents within five days of the board meeting. (Note: parent has 60 days to request a hearing with the board)