Brigantine Community School

BULLYING, HARRASSMENT, OR INTIMIDATION REPORTING FORM

New Information for a Prior Report

Original Incident #__________

Name of Reporter/Person Filing the New Information Report: __________________________

Check whether you are the: _____ Target of the Behavior         _____ Reporter (not the target)

Check whether you are the:     _____Student     _____Parent     _____Administrator

_____ Other (specify) ________________________________________________________________

_____ Staff Member (role and school)______________________________________________

Your contact information/phone number(s)/ e-mail: __________________________________

Summary of New Information:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Witnesses (List people with new information)
Name: ___________________________________  Student  Staff  Other
Name: ___________________________________  Student  Staff  Other
Name: ___________________________________  Student  Staff  Other
Name: ___________________________________  Student  Staff  Other

Signature of Person Providing New Information________________________________________
Date:____

Disposition- Completed Report Should be given or sent to the building Principal where the target attends.

Receiving Principal’s Signature____________________________________________________
Date:____
FOLLOW-UP INVESTIGATION

8. Investigator: ___________________________ Position: ________________

9. Re-Interview

   Name: ___________________________ Date: __________
   Name: ___________________________ Date: __________
   Name: ___________________________ Date: __________
   Name: ___________________________ Date: __________

10. Summary of Investigation:

    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
CONCLUSIONS FROM THE NEW INVESTIGATION

11. Change of Finding based on New Information:  
   ____ Yes  ____ No

12. Corrective Actions Taken Based on New Information:
   
   ____ None was required (False Allegation)  ____ None warranted
   
   ____ Student Conference  ____ Student Warning
   
   ____ Letter of Apology  ____ Counseling
   
   ____ Parent Letter  ____ Parent Phone Call
   
   ____ Parent Conference  ____ Detention
   
   ____ In-School Suspension  ____ Out-of-School Suspension
   
   ____ I&RS Referral  ____ Expulsion Proceedings Commenced
   
   ____ Referred to Law Enforcement  ____ Other(specify) ___________________

13. Contacts:  
   ___ Target’s Parent/Guardian  Date: __________
   
   ___ Aggressor’s Parent/Guardian  Date: __________

14. Please note any other pertinent information in the space below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15. Copy of Report sent to:  
   ___ Principal(If not the Investigator)  Date: __________
   
   ___ Superintendent  Date: __________
   
   ___ District HIB Coordinator  Date: __________
   
   ___ School Level HIB Coordinator  Date: __________

Signature and Title of Investigator: __________________________  Date: __________

Original copy should be retained by the Investigator and destroyed after one year.

Revised 08.2019