



**Glassboro Public School District
Harassment, Intimidation and Bullying
Report Form by Anti-Bullying Specialist**

DATE(S) OF ALLEGED INCIDENT(S) _____

DATE WHEN ALLEGATION WAS REPORTED _____

PERSON WHO MADE INITIAL REPORT _____

SUMMARY OF ALLEGATIONS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

SUMMARY OF INVESTIGATION PROCEDURES

Persons Appointed to Assist Anti-Bullying Specialist

Witnesses Interviewed

Documents Reviewed

Other Evidence Reviewed

Do you anticipate receiving additional information relative to this investigation?

_____ Yes

_____ No

If yes, please describe the additional information that is anticipated to be received:

SUMMARY OF FACTUAL FINDINGS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Signature of Anti-Bulling Specialist _____ Date _____