



# Haddonfield Memorial High School

401 Kings Highway East • Haddonfield, New Jersey 08033-1297 • (856) 429-3960 • Fax (856) 795-8910

**Charles E. Klaus**  
*Principal*

**Kathryn M. Mele**  
*Assistant Principal for  
Teaching & Learning*

**Tammy K. McHale**  
*Dean of Student Life/  
Supervisor of Counseling*

Written Report#: \_\_\_\_\_ Date of Written Report: \_\_\_\_\_ School/Work Location: \_\_\_\_\_

(An Interview Information Statement for each person interviewed is attached)

Targeted Person: \_\_\_\_\_ (A separate Investigation Report Form is required for each targeted person)

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

AP1 - \_\_\_\_\_ AP2 - \_\_\_\_\_ AP3 - \_\_\_\_\_  
AP4 - \_\_\_\_\_ AP5 - \_\_\_\_\_ AP6 - \_\_\_\_\_

Witness(es)

WP1 - \_\_\_\_\_ WP2 - \_\_\_\_\_ WP3 - \_\_\_\_\_  
WP4 - \_\_\_\_\_ WP5 - \_\_\_\_\_ WP6 - \_\_\_\_\_

### Investigation Findings

1. The following person(s) accused of exhibiting harassment, intimidation, or bullying behavior did not commit an act of HIB as defined in N.J.S.A. 18A:37-14. No further action is recommended for the following person:

\_\_\_\_\_ AP1 \_\_\_\_\_ AP2 \_\_\_\_\_ AP3 \_\_\_\_\_ AP4 \_\_\_\_\_ AP5 \_\_\_\_\_ AP6

2. The following person(s) accused of exhibiting harassment, intimidation, or bullying behavior committed an act of HIB 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

5. Listed below are those identified in 2. above that have been found to previously commit an act of HIB while attending any school in the school district.

\_\_\_\_\_

\_\_\_\_\_

6. The targeted person in this Report has been a target in a previously confirmed act(s) of HIB while attending any school in the district. \_\_\_\_\_ Yes \_\_\_\_\_ No

Dan Dortone \_\_\_\_\_  
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 the Code of Pupil Conduct, 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. _____	_____	_____



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Targeted Person

Remedial Measures

1. \_\_\_\_\_  
\_\_\_\_\_

Charles Klaus \_\_\_\_\_  
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



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Person Reporting Incident: Name: \_\_\_\_\_ School/Location: \_\_\_\_\_

\_\_\_ Student \_\_\_ Staff Member \_\_\_ Parent/Guardian \_\_\_ Volunteer \_\_\_ Other: \_\_\_\_\_

Date of alleged incident: \_\_\_\_\_ Where did alleged incident occur? \_\_\_\_\_

Student(s)/Person(s) Accused of Exhibiting Harassment, Intimidation or Bullying (HIB) Behavior:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Student(s) Alleged to be the Target of HIB Behavior:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Under New Jersey law, “harassment, intimidation, or bullying” means any gesture, any written, verbal or physical act or any electronic communication, whether it is a single incident or a series of incidents, that is:

- \_\_\_ a. Reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability; or
- \_\_\_ b. By any other distinguishing characteristic; and that
- \_\_\_ c. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3, that substantially disrupts or interferes with the orderly operation of the school or the rights of other people; and that
- \_\_\_ d. A reasonable person should know under the circumstances will have the effect of physically or emotionally harming a person or damaging the person’s property, or placing a person in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or
- \_\_\_ e. Has the effect of insulting or demeaning any person or group of people; or
- \_\_\_ f. Creates a hostile educational environment for the person by interfering with a person’s education or by severely or pervasively causing physical or emotional harm to the person.





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I certify the information contained in this Report is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Person Making Report

\_\_\_\_\_  
Position (staff member/parent/pupil/etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Receiving Report

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Report #: \_\_\_\_\_ (to be assigned by Principal or designee)



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Name: \_\_\_\_\_ Please Check: \_\_\_\_\_ Target \_\_\_\_\_ Accused \_\_\_\_\_ Witness \_\_\_\_\_

Written Report#: \_\_\_\_\_ Date of Written Report: \_\_\_\_\_ School/Work Location: \_\_\_\_\_

Description of Incident(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional page(s) of information, if needed)*

I certify:

\_\_\_\_\_ I wrote the description of the incident(s) above and this information is accurate and true to the best of my knowledge

Daniel Dortone  
Anti-Bullying Specialist

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date