

Franklin Lakes School District
Investigation Summary Report
School _____

Date and Time incident occurred: _____

Date and Time incident was reported: _____

Incident Reported by: _____

(Circle One: building faculty member victim bystander parent)

Incident Reported to: _____

Note all or perceived characteristics that were or may have been motivational factors in alleged incident

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

Summary of Allegations: _____

Summary of Investigation

Persons who assisted Anti-Bullying Specialist: _____

Witnesses Interviewed

_____	_____
_____	_____
_____	_____

Documents or other evidence reviewed:

Summary of Factual Findings

Unsubstantiated Claims

Signature of Anti Bullying Specialist

Date

Imposed Discipline and Services Provided

Signature of Superintendent

Date