

**GILL-MONTAGUE REGIONAL SCHOOL DISTRICT
INVESTIGATION REPORT**

1. **Investigator(s):** _____ **Position(s):** _____

2. **Interviews:**

<input type="checkbox"/> Interviewed aggressor	Name: _____	Date: _____
<input type="checkbox"/> Interviewed target	Name: _____	Date: _____
<input type="checkbox"/> Interviewed witnesses	Name: _____	Date: _____
	Name: _____	Date: _____

3. **List of Documents and Tangible Evidence Reviewed:**

4. **Findings of Fact:**

List Key Undisputed and Disputed facts regarding dates, times, site of incident, party names, ages, grade, protected group status, behaviors and language used, severity, duration, context.

1. Is the student on an IEP? Yes No

2. Any prior documented Incidents by the aggressor? Yes No

If yes, have incidents involved target or target group previously? Yes No

3. Any related prior incidents involving the alleged perpetrator and/or complainant? Yes No
(including patterns of behavior, locations, context, nature, scope, frequency, duration)

4. **School's response**

(Please use additional paper and attach to this document as needed)

CONCLUSIONS FROM THE INVESTIGATION

1. What Happened? (date, time, site, who involved, age, group status, what each person said and did, incident chronology, words used, severity, duration, context including related incidents)

(attach summary)

Complaint substantiated: Yes _____ No _____ Other _____

2. Interfered with or limited ability of "victim/target" to participate in or benefit from services, activities or privileges of school?

Yes _____ No _____

3. Created hostile, humiliating, intimidating or offensive educational environment for "victim(s)" / "target (s)"?

Yes _____ No _____

4 Other conduct/disciplinary Conduct Code Violations?

**GILL-MONTAGUE REGIONAL SCHOOL DISTRICT
INVESTIGATION REPORT (continued)**

RESOLUTION OF THE COMPLAINT: Finding of Bullying or Retaliation: ____ yes ____ no

1. Contacts:

Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____
 District Equity Coordinator (DEC) Date: _____ Law Enforcement Date: _____

2. Recommended Actions/Safety Planning (____ ATTACHED SAFETY PLAN FORM):

Disciplinary and Corrective Action (Perpetrator):

Corrective and Remedial Action (Victim/Target):

Remedial Action for School Community

Follow-up with Target: scheduled for _____ Initial and date when completed: _____

Follow-up with Aggressor: scheduled for _____ Initial and date when completed: _____

ADMINISTRATIVE USE ONLY

Report forwarded to Principal: Date _____
(If principal was not the investigator)

Report forwarded to Superintendent: _____

Findings of Fact Made by: _____ **Date:** _____

Determination Made by: _____ **Date:** _____