

**Pelham School District  
59A Marsh Road  
Pelham, NH 03076**

**School Bullying Investigation Form**

*This form is to be used to document the investigation and comply with the reporting requirements for alleged incidents of school bullying consistent with RSA 193:F and Pelham School Board Policy JICK.*

**REPORTING:** Complete one form for each alleged victim. If a report was received in writing, please attach reports.

School: PES PMS PHS Other: \_\_\_\_\_

School Administrator completing form: \_\_\_\_\_ Position: \_\_\_\_\_

Reported Date and Time reported to Principal/Designee: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Required Investigation Completion Date (reported date + 10 days): \_\_\_\_\_ Date: \_\_\_\_\_

Person reporting incident: \_\_\_\_\_ Role: \_\_\_\_\_

Name of Alleged Victim	Age	School	Grade	Notes

Name(s) of Alleged Perpetrator(s)	Age	School	Grade	Notes

*Add rows if necessary*

Date(s) of incident(s): \_\_\_\_\_

Location of incident: (Check all that apply)

- on school property
- at school sponsored event or activity
- on school bus
- off campus

Description of alleged bullying: \_\_\_\_\_

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**INVESTIGATION TIMELINE**

Date investigation began: \_\_\_\_\_ Initials\_\_\_\_\_

Did the investigation begin within 5 days of bullying being reported? Yes No Initials\_\_\_\_\_

Was it reported to the police? Yes - Discretionary Yes - Mandatory No Initials\_\_\_\_\_

Did the superintendent/designee grant a waiver of notification in writing? Yes No Initials\_\_\_\_\_

*(If yes, attached waiver)*

**ALLEGED VICTIM NOTIFICATIONS**

Was the notification done in writing? Yes No Initials\_\_\_\_\_

Was the notification completed within 48 hours of receiving the report? Yes No Initials\_\_\_\_\_

Student	Parent/Guardian	Date of Notification	Time of Notification	Method of Notification
Notes:				

**ALLEGED PERPETRATOR NOTIFICATION**

Was the notification done in writing? Yes No Initials\_\_\_\_\_

Was the notification completed within 48 hours of receiving the report? Yes No Initials\_\_\_\_\_

Student	Parent/Guardian	Date of Notification	Time of Notification	Method of Notification
Notes:				

What actions were taken to investigate this incident? (check all that apply)

- Interviewed alleged student victim
- Interviewed alleged student victim's parent/guardian
- Interviewed alleged perpetrator(s)
- Interviewed alleged perpetrator's parent/guardian
- Interviewed witnesses
- Examined physical evidence:
- Witness statements collected in writing
- Interviewed school nurse
- Interviewed guidance, school psychologist
- Reviewed academic records:
- Reviewed medical information
- Reviewed student records:
- Reviewed bus incident report
- Reviewed student attendance:
- Reviewed social history between parties
- Reviewed video surveillance:
- Interviewed teachers and/or school staff (include names)
- Reviewed electronic content/web content
- Considered history of prior student conflicts and/or problematic behavior
- Reviewed changes in emotional functioning
- Other:

**INVESTIGATION FINDINGS/EVIDENCE OF BULLYING:**

*Check for all that apply. This uses the RSA 193:F State definitions of bullying:*

<b>Definition</b>	<b>Look for:</b>	<b>Notes</b>
Physically harmed the student	Physical injuries	
Damaged the victim's property	Property damage	
Caused emotional distress to the victim	Excessive emotional behavior Evidence of anxiety (including physical symptoms) or being nervous and scared. Evidence of internalizing behavior – increased isolation, socially removed. Changes in school attendance: absences, tardies, dismissals. Changes in grades – school performance. Changes in affect.	
Interfered with the victim's educational opportunities	Changes in school attendance: absences, tardies, dismissals Missing classes/parts of school day Changes in grades – school performance. Changes in participation of school activities, athletics, co-curricular, etc. Avoidance of elements of school day including the school bus.	
Created a hostile educational environment	Created significant tension between students/others. Students are significantly uncomfortable. Student hostility in educational environment. Socially mal-adjusted behavior directed to student(s).	
Substantially disrupted the orderly operation of the school	Significant incident of disruption. Repeated evidence of school disruption. Discipline patterns. Violations of behavioral expectations that result in school disruption.	
Created an 'imbalance of power' between victim and perpetrator <i>(typically present in bullying)</i>	Bullying based on disability Anonymity of on-line behavior Perceived social status discrepancy Social skills deficit/struggles exploited Creation of social isolation. Taunting, tormenting, harassing behavior that is perceived as a power imbalance.	
Included the use of electronic devices as defined in School Board Policy JICK <i>("cyberbullying")</i>	Identify at least one bullying component above that used electronic medium: Cell phones, Audio or visual images, Instant messaging/e-mail, Gaming, Social networking, Blogs, Web content.	

**INVESTIGATION DETERMINATION**

Based on this investigation, school administration determines the following:

1. In the 'evidence of bullying' section above, there was at least one 'investigation finding'.
  - a. Yes - proceed to next section
  - b. No - stop bullying investigation and process as standard discipline investigation  
*(Parent/guardian must be notified of investigation results regardless of the determination.)*
2. Does this investigation conclude that this incident is a single significant incident?
  - a. Yes - this is a substantiated incident of bullying – proceed to next section
  - b. No - proceed to section below
3. Does this investigation conclude that this incident is a pattern of incidents?
  - a. Yes - this is a substantiated incident of bullying – proceed to next section
  - b. No - stop bullying investigation and proceed as a standard discipline investigation

**INTERVENTIONS/CONSEQUENCES (Check all that apply)**

*This list is a guide only and is not intended to be exhaustive.*

Perpetrator Name: \_\_\_\_\_

Intervention/Consequences *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> None were warranted                          | <input type="checkbox"/> Assigned                                 |
| <input type="checkbox"/> Student conference(s) with administrator     | <input type="checkbox"/> Bullying prevention plan to be developed |
| <input type="checkbox"/> Positive behavioral interventions            | <input type="checkbox"/> Follow up/monitoring                     |
| <input type="checkbox"/> Teacher notification plan                    | <input type="checkbox"/> Unstructured areas safety plan           |
| <input type="checkbox"/> Other School Staff notification              | <input type="checkbox"/> School bus planning/notification         |
| <input type="checkbox"/> Parent meeting(s)                            | <input type="checkbox"/> Loss of privileges                       |
| <input type="checkbox"/> Referral to 504, Rtl, special education team | <input type="checkbox"/> Detention                                |
| <input type="checkbox"/> Counseling/therapeutic interventions         | <input type="checkbox"/> In-school suspension                     |
| <input type="checkbox"/> Safe person plan                             | <input type="checkbox"/> Out-of-school suspension                 |
| <input type="checkbox"/> Check in – Check out                         | <input type="checkbox"/> Other (specify):                         |

Notes:

Perpetrator Name: \_\_\_\_\_

Intervention/Consequences *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> None were warranted                          | <input type="checkbox"/> Assigned                                 |
| <input type="checkbox"/> Student conference(s) with administrator     | <input type="checkbox"/> Bullying prevention plan to be developed |
| <input type="checkbox"/> Positive behavioral interventions            | <input type="checkbox"/> Follow up/monitoring                     |
| <input type="checkbox"/> Teacher notification plan                    | <input type="checkbox"/> Unstructured areas safety plan           |
| <input type="checkbox"/> Other School Staff notification              | <input type="checkbox"/> School bus planning/notification         |
| <input type="checkbox"/> Parent meeting(s)                            | <input type="checkbox"/> Loss of privileges                       |
| <input type="checkbox"/> Referral to 504, Rtl, special education team | <input type="checkbox"/> Detention                                |
| <input type="checkbox"/> Counseling/therapeutic interventions         | <input type="checkbox"/> In-school suspension                     |
| <input type="checkbox"/> Safe person plan                             | <input type="checkbox"/> Out-of-school suspension                 |
| <input type="checkbox"/> Check in – Check out                         | <input type="checkbox"/> Other (specify):                         |

Notes:

Victim Name: \_\_\_\_\_

Intervention/Consequences *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> None were warranted                          | <input type="checkbox"/> Assigned                                 |
| <input type="checkbox"/> Student conference(s) with administrator     | <input type="checkbox"/> Bullying prevention plan to be developed |
| <input type="checkbox"/> Positive behavioral interventions            | <input type="checkbox"/> Follow up/monitoring                     |
| <input type="checkbox"/> Teacher notification plan                    | <input type="checkbox"/> Unstructured areas safety plan           |
| <input type="checkbox"/> Other School Staff notification              | <input type="checkbox"/> School bus planning/notification         |
| <input type="checkbox"/> Parent meeting(s)                            | <input type="checkbox"/> Loss of privileges                       |
| <input type="checkbox"/> Referral to 504, Rtl, special education team | <input type="checkbox"/> Detention                                |
| <input type="checkbox"/> Counseling/therapeutic interventions         | <input type="checkbox"/> In-school suspension                     |
| <input type="checkbox"/> Safe person plan                             | <input type="checkbox"/> Out-of-school suspension                 |
| <input type="checkbox"/> Check in – Check out                         | <input type="checkbox"/> Other (specify):                         |

Notes:

**INVESTIGATION CONCLUSION NOTIFICATION REQUIREMENTS**

*Within 10 school days of completing an investigation, the principal/designee will notify the parents of the students involved in writing of the determination.*

Was the investigation completed within 10 days of receiving the initial report?    Yes    No    Initials: \_\_\_\_\_

Did the Superintendent/designee granted an extension of up to 7 school days to complete the investigation?    Yes    No    Initials: \_\_\_\_\_

*Principal/designee must notify all parties involved in writing of an extension.*

Student	Parent/Guardian	Date of Notification	Method of Notification	Notes

Attach additional pertinent information gained during investigation (check those that are attached):

- |   |  |
|---|--|
| <input type="checkbox"/> Investigator notes:                            | <input type="checkbox"/> Student bullying reporting form                                     |
| <input type="checkbox"/> Attachments:                                   | <input type="checkbox"/> Principal/designee notification of time extension for investigation |
| <input type="checkbox"/> Discipline referral                            | <input type="checkbox"/> evidence  |
| <input type="checkbox"/> Safe schools report                            | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Superintendent/designee waiver of notification |  |
| <input type="checkbox"/> Parent/staff bullying report form              |  |

**FOR STATE REPORTING PURPOSES**

*This section is designed to collect bullying data consistent with the NHDOE reporting categories on the School Safety Survey. Please hypothesize the intent of this substantiated bullying incident based on the following state reporting categories. Please note, only check if your investigation provides evidence upon which to base this conclusion. If the reporting categories do not apply, please do not check.*

I hypothesize the intent of this substantiated bullying incident was based on

- the basis of gender
- the basis of sexual orientation
- the basis of race, color, or national origin
- the basis of disability
- the basis of physical characteristics (other than race)

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Principal/designee must submit all substantiated reports of bullying to the Superintendent/designee upon completion of the investigation.*

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Form updated September 2023 by Chip McGee*