Mount Olive Township Public School District
Harassment, Intimidation, Bullying (HIB)

Investigation Report

Dates (s) of alleged incidents: _____
Date when allegation was reported: _____
Person who completed initial report: _____
HIB Complaint Number: __ __ __ __ __ __ __ __ __ __
Person(s) Appointed to Assist Anti-Bullying Specialist: _____

Summary of Allegations:

1.
2.
3.
4.
5.
6.

Summary of Investigation Procedures:

Witnesses Interviewed:

Documents Reviewed:

Other Evidenced Reviewed:

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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 School Anti-Bullying Specialist

Date

Printed Name and Title

Phone/Extension