

5. Witnesses (List people with New Information)

Name: _____ Student ___ Staff ___ Other _____
Name: _____ Student ___ Staff ___ Other _____
Name: _____ Student ___ Staff ___ Other _____
Name: _____ Student ___ Staff ___ Other _____

6. Signature of Person Providing New Information _____ Date: _____

7. Disposition-Completed Report Should be given or sent to the building Principal where the target attends.

Receiving Principal's Signature _____ Date: _____

CONCLUSIONS FROM THE NEW INVESTIGATION

11. Change of Finding based on New Information: Yes No

12. Corrective Actions Taken Based on New Information

- | | |
|---|---|
| <input type="checkbox"/> None was required (False Allegation) | <input type="checkbox"/> None warranted |
| <input type="checkbox"/> Student Conference | <input type="checkbox"/> Student Warning |
| <input type="checkbox"/> Letter of Apology | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Parent Letter | <input type="checkbox"/> Parent Phone Call |
| <input type="checkbox"/> Parent Conference | <input type="checkbox"/> Detention |
| <input type="checkbox"/> In-School Suspension | <input type="checkbox"/> Out-of-School Suspension |
| <input type="checkbox"/> I&RS Referral
Commenced | <input type="checkbox"/> Expulsion Proceedings |
| <input type="checkbox"/> Referred to Law Enforcement | <input type="checkbox"/> Other(specify) _____ |

13. Contacts: Target's Parent/Guardian Date: _____

Aggressor's Parent/Guardian Date: _____

14. Please note any other pertinent information in the space below:

15. Copy of Report sent to: Principal(If not the Investigator) Date: _____

Superintendent Date: _____

District HIB Coordinator Date: _____

School Level HIB Coordinator Date: _____