

Coastal Learning Center – Howell
38 Arnold Boulevard, Howell, NJ 07731
(732) 367-6663 Office (732) 364-5905

HARRASSMENT, INTIMIDATION, AND BULLYING
ANTI-BULLYING COORDINATOR FORM

Date(s) Alleged of Incident: _____

Date Allegation Was Reported: _____

Person(s) Initializing Report: _____

Summary of Allegations:

Witnesses Interviewed:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Documents Reviewed:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Evidence Reviewed:

Do you anticipate receiving additional information relative to this investigation?

_____ Yes (please describe below) _____ NO

Summary of Factual Findings:

Determination and Consequence:

Name: _____ Date: _____

Ms. Carla Ross, Supervisor of Special Education
Anti-Bullying Coordinator