



The Nassau County School District

HAZING COMPLAINT

This form must be completed to officially register a complaint of alleged hazing.
 This form may be completed by the person making the complaint or by the person receiving the report.
 The **complainant** is not required to fill out this form.
Any written or oral complaint shall be considered an official means of reporting.
Complaints may be made anonymously, but formal disciplinary action will not be taken based solely on an anonymous report.

COMPLAINANT NAME _____ GENDER _____ GRADE _____
 (If complaint is anonymous, leave blank.) Last First Middle

IF NOT A STUDENT, COMPLAINANT CONTACT INFORMATION: TELEPHONE _____
 (If complaint is anonymous, leave blank.)

ADDRESS _____
 Street Address City State Zip

VICTIM NAME _____ GENDER _____ GRADE _____
 Last First Middle

ACCUSED NAME _____ GENDER _____ GRADE _____
 Last First Middle

ACCUSED NAME _____ GENDER _____ GRADE _____
 Last First Middle

ACCUSED NAME _____ GENDER _____ GRADE _____
 Last First Middle

SCHOOL/DEPARTMENT OR SITE WHERE INCIDENT OCCURRED _____

DATE OF INCIDENT (IF MULTIPLE, LIST ALL KNOWN) _____

DESCRIPTION OF THE INCIDENT(S): Attach additional sheet if needed.

LIST ALL WITNESSES: Attach additional sheet if needed.
 NAME _____ GENDER _____ GRADE _____
 Last First Middle
 NAME _____ GENDER _____ GRADE _____
 Last First Middle
 NAME _____ GENDER _____ GRADE _____
 Last First Middle

LIST EVIDENCE OF HAZING (Notes, letters, photos, etc. – attach evidence if possible):

NAME OF PERSON COMPLETING THIS FORM _____ DATE _____
 SIGNATURE _____ TITLE/POSITION _____
 ADMINISTRATOR RECEIVING THIS COMPLAINT _____ DATE _____

TO BE COMPLETED BY THE ADMINISTRATOR:
 IS THIS INCIDENT WITHIN THE SCOPE OF THE SCHOOL DISTRICT? YES NO
 IF "NO," EXPLAIN: _____

REFERRED TO LAW ENFORCEMENT? YES NO DATE PARENTS NOTIFIED _____
 METHOD OF NOTIFICATION: LAW ENFORCEMENT _____ PARENTS _____



The Nassau County School District

INVESTIGATION STEPS – HAZING

Name of Investigation Coordinator _____

School/Department _____ Position _____

Date – Investigation Begins _____ Date – Investigation Concluded _____

(Investigation is to be completed within 10 days of the initial filing of a complaint.)

STEPS IN THE HAZING INVESTIGATION	DATE	INITIALS
1. Receive and/or complete the NCSB Hazing Complaint Form. Document report and interventions in writing and on the appropriate database(s). Attach complaint to this form. COMMENTS:		
2. Determine whether the alleged incident is within the scope of the School District. COMMENTS:		
3. Interview the complainant and victim(s) (if not the complainant). All interviews shall be conducted privately, separately, and confidentially. Fill out Victim Interview Form. COMMENTS:		
4. Contact the parent(s)/guardian(s) of the victim(s) on the same day the investigation is initiated via telephone, personal conference, and/or in writing. List additional names on back of form if needed. COMMENTS: Person Contacted: _____ Method of Contact: _____ (If telephone is used, list number called.)		
5. Interview the accused individual(s). COMMENTS:		
6. Have the accused individual(s) make a written response to the complaint and attach to this form. COMMENTS:		
7. Contact the parent(s)/guardian(s) of the accused on the same day the investigation has been initiated via telephone, personal conference, and/or in writing. List additional names on back of form if needed. COMMENTS: Person Contacted: _____ Method of Contact: _____ (If telephone is used, list number called.)		
8. Obtain written statements and interview witnesses. Attach statements to this form. Witness #1 Name: _____ COMMENTS: Witness #2 Name: _____ COMMENTS: Witness #3 Name: _____ COMMENTS:		
9. Consult with law enforcement to determine whether criminal charges may be pursued against the perpetrator(s). Will criminal charges be pursued? YES <input type="checkbox"/> NO <input type="checkbox"/> COMMENTS:		
9. Write a report to document the findings, interventions, and any corrective action taken. Attach the report to this form.		
10. Conduct conferences, if appropriate, with complainant and parent(s)/guardian(s). Conference Held: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____ Time: _____ Location: _____ Attendees (List): _____ COMMENTS:		
11. Notify all parties in writing of the outcome of the investigation and action(s) taken. Notify all parties of their right to appeal to the Superintendent/designee. Attach notices to this form.		
12. Attach and maintain all documentation (complaint form; victim/accused/witness statements; evidence; investigation notes; final report etc.) on file.		



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VICTIM INTERVIEW FORM

VICTIM NAME _____ GENDER _____ GRADE _____
Last First Middle

SCHOOL _____ DATE _____

DESCRIPTION OF THE INCIDENT(S), INCLUDING THE NATURE OF THE BEHAVIOR:

DESCRIPTION OF THE CONTEXT IN WHICH THE ALLEGED INCIDENTS OCCURRED:

WHERE DID THE ALLEGED INCIDENTS OCCUR? _____

HOW OFTEN DID THE ALLEGED CONDUCT OCCUR? _____

WERE THERE PAST INCIDENTS OR PAST CONTINUING PATTERNS OF BEHAVIOR? YES NO

IF SO, DESCRIBE: _____

WHAT IS THE RELATIONSHIP BETWEEN/AMONG THE PARTIES INVOLVED? _____

LIST THE INDIVIDUALS, INCLUDING THEIR GRADES/AGES, WHO PARTICIPATED IN THE HAZING:

DID THE ALLEGED CONDUCT ADVERSELY AFFECT THE VICTIM(S)'S HEALTH OR SAFETY? YES NO

IF YES, EXPLAIN: _____



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VICTIM / WITNESS CONTACT INFORMATION

(To be completed by Administrator receiving complaint. Use additional forms if needed.)

VICTIMS

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____

WITNESSES

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____

Name _____
Address _____
Telephone _____
Date of Birth _____
Current School _____



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EVIDENCE - CHAIN OF CUSTODY FORM

The item(s) described below were obtained as evidence by the undersigned during an official investigation of the Nassau County School District.		
Description of Item(s):		
Obtained from: (title, name, location, phone number)		
Printed name of investigator:	Signature of Investigator:	Date Obtained:
Relating to the Case of:		
Temporary disposition of item (s): (where stored)		
Released by: (printed name and signature)	Released to: (printed name and signature)	Date:
Temporary disposition of item (s): (where stored)		
Released by: (printed name and signature)	Released to: (printed name and signature)	Date:
Temporary disposition of item (s): (where stored)		
Released by:(printed name and signature)	Released to: (printed name and signature)	Date:
Temporary disposition of item (s): (where stored)		
Released by: (printed name and signature)	Released to: (printed name and signature)	Date:
Temporary disposition of item (s): (where stored)		
Released by: (printed name and signature)	Released to: (printed name and signature)	Date:



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HAZING INVESTIGATION FINAL REPORT

Person Completing Investigation _____ Position _____

School _____ Date _____

Person Reporting Incident (From Complaint Form)			
Name _____	Student <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>	Other <input type="checkbox"/>
If <u>not</u> a student: Address _____		Telephone _____	

1. Name of alleged victim _____ Gender _____ Grade _____ Age _____

Was the student absent from school as a result of this incident? Yes No If so, number of days _____

(Attach additional sheet if needed)

2. Name(s) of alleged offender(s)	<u>Age</u>	<u>Grade</u>	<u>School</u>	<u>Days Absent Due to Incident</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach additional sheet if needed.)

INVESTIGATION

3. Parents/legal guardians of all involved notified the same day as the investigation was initiated: Yes No

4. Was this incident reported to law enforcement? Yes No How? _____

COMMENTS: _____

5. What actions were taken to investigate this incident (choose all that apply)?

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Interviewed alleged victim | <input type="checkbox"/> Interviewed alleged victim's parent/guardian |
| <input type="checkbox"/> Interviewed alleged offender(s) | <input type="checkbox"/> Interviewed alleged offender's parent/guardian |
| <input type="checkbox"/> Interviewed witnesses | <input type="checkbox"/> Examined physical evidence |
| <input type="checkbox"/> Collected witness statements in writing | <input type="checkbox"/> Conducted student record review |
| <input type="checkbox"/> Interviewed school nurse | <input type="checkbox"/> Obtained copy of police report |
| <input type="checkbox"/> Reviewed any medical information available | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Interviewed teachers and/or school staff | |

6. Nature of Incident: Describe the incident including possible reasons/alleged motives for the hazing incident.

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(HAZING INVESTIGATION FINAL REPORT, CONTINUED)

7. Frequency and History: Did the alleged hazing occur at regular times/occasions/places? Yes No

How often? _____ Has it occurred in the past by the same person/people? Yes No

Where did the alleged hazing occur? _____

8. Effect of the hazing incident (choose all that apply):

- Disrupted school environment or the educational process
- Physical harm Any possible permanent effects? Yes No
- Emotional/psychological harm or discomfort
- Absenteeism
- Other: Specify _____

COMMENTS: _____

9. Corrective action taken (choose all that apply):

- | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> None required – this was a false allegation | <input type="checkbox"/> Detention: # of days _____ |
| <input type="checkbox"/> None required – the incident did not warrant corrective action | <input type="checkbox"/> In-school suspension: # of days _____ |
| <input type="checkbox"/> Student conference | <input type="checkbox"/> Out-of-school suspension: # of days _____ |
| <input type="checkbox"/> Student warning | <input type="checkbox"/> Placement in alternative program _____ |
| <input type="checkbox"/> Letter of apology | <input type="checkbox"/> Recommendation for expulsion _____ |
| <input type="checkbox"/> Parent contact by telephone or letter | <input type="checkbox"/> Contacted law enforcement _____ |
| <input type="checkbox"/> Parent conference: Date _____ | <input type="checkbox"/> Student arrested _____ |
| <input type="checkbox"/> Counseling: Details _____ | <input type="checkbox"/> Other (specify): _____ |

10. Additional pertinent information gained during the investigation (attach additional sheet if needed):

11. Physical evidence collected _____

FINDINGS

This allegation is: **Founded** **Unfounded**

Investigator Signature _____ Date _____

Attach copies of all supporting documentation: Complaint form, investigation steps form, victim interview form, witness contact information form, statement forms, evidence chain of custody form, investigation notes.

Distribution:
Original report and supporting documentation – School Principal's Bullying File
Copy of report – Student Victim's File
Copy of report – Student Offender's File
Data – Student Database/SESIR