

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.

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COMPLAINANT NAME				GENDER	GRADE
(If complaint is anonymous, lea	,	First	Middle		
IF NOT A STUDENT, CO (If complaint is anonymous, lea	JMPLAINANT CONT ave blank.)	ACT INFORMATION	: TELEPHONE		
ADDRESS					
	Street Address	Ci	ty	State	•
VICTIM NAME	Last	First	Middle	GENDER	GRADE
ACCUSED NAME				GENDER	GRADE
	Last	First	Middle		
ACCUSED NAME	Last	First	Middle	GENDER	_ GRADE
ACCUSED NAME		FIISt		GENDER	CDADE
ACCUSED NAME	Last	First	Middle	GENDER	_ GRADE
SCHOOL/DEPARTMEN	T OR SITE WHERE	INCIDENT OCCURRI	ED		
DATE OF INCIDENT (IF	MULTIPLE, LIST AL	L KNOWN)			
DECODIDATION OF THE	INCIDENT/O\- Au-	ah additional alaasi 10			
DESCRIPTION OF THE	INCIDENT(S): Attac	ch additional sheet if r	needed.		
LIST ALL WITNESSES:	Attach additional sh	eet if needed			
NAME	Attach additional shi	eet ii needed.		GENDER	GRADE
INAIVIE	Last	First	Middle	_ GENDER	GRADE
NAME				_ GENDER	GRADE
	Last	First	Middle		
NAME	Last	First	Middle	_ GENDER	GRADE
				ible).	
LIST EVIDENCE OF HA	ZING (Notes, letters,	photos, etc. – attach	evidence ii poss	ible):	
NAME OF PERSON CO	MPI ETING THIS EC)RM		DATE	
SIGNATURE					
ADMINISTRATOR REC	EIVING THIS COMP	LAINT		DATE	
TO BE COMPLETED BY	Y THE ADMINISTRA	TOR:			
IS THIS INCIDENT WITH	HIN THE SCOPE OF	THE SCHOOL DIST	RICT? Y	ES 🗆 NO 🗆	
IF "NO," EXPLAIN:					
	UEODOENIENTO :			ITO NOTIFIED	
REFERRED TO LAW EN					
METHOD OF NOTIFICA	TION: LAW ENFOR	CEMENT		PARENTS	



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 INVESTIGAT	TION	DATE	INI

1. Receive and/or complete the NCSB Hazing Complaint Form. Document report and interventions in writing and on the appropriate databases(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)/quardian(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: 5. Interview the accused individual(s) make a written response to the complaint and attach to this form. COMMENTS: 7. Contact the parent(s)/quardian(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: 7. Contact the parent(s)/quardian(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: 8. Obtain writine statements and interview witnesses. Attach statements to this form. Witness st Name: COMMENTS: 9. Consult with law enforcement to determine whether criminal charges may be pursued against the perpetition(s). Witness st Name: COMMENTS: 9. Consult with law enforcement to determine whether criminal charges may be pursued against the perpetition(s). Witness st Name: COMMENTS: 9. Write a report to document the findings, interventions, and any corrective action taken. Attach the report to this form. 10. Conduct conference, if appropriate, with complainant and parent(s)/guardian(s). Conference Held: YES NO Date:	STEPS IN THE HAZING INVESTIGATION	DATE	INITIALS
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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;	COMMENTS:		



VICTIM INTERVIEW FORM

VICTIM NAME				GENDER	GRA	DE
SCHOOL	Last	First	Middle	DATE		
DESCRIPTION OF THE I	NCIDENT(S), INCLUI	DING THE NATU	RE OF THE BEH	HAVIOR:		
DESCRIPTION OF THE (CONTEXT IN WHICH	THE ALLEGED I	NCIDENTS OCC	CURRED:		
WHERE DID THE ALLEG	ED INCIDENTS OCC	:UR?				
HOW OFTEN DID THE A	LLEGED CONDUCT	OCCUR?				
WERE THERE PAST INC				HAVIOR?	YES 🗆	NO 🗆
WHAT IS THE RELATION	NSHIP BETWEEN/AM	IONG THE PART	IES INVOLVED?	?		
LIST THE INDIVIDUALS,	INCLUDING THEIR (GRADES/AGES, \	WHO PARTICIP	ATED IN THE H	AZING:	
DID THE ALLEGED CON					? YES □	NO 🗆
NCSB Hazing Investigation Forms						



VICTIM / WITNESS CONTACT INFORMATION

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

VICTIMS	
Name	Name
Address	Address
Telephone	Telephone
Date of Birth	Date of Birth
Current School	Current School
WITNESSES	
Name	Name
Address	Address
Telephone	Telephone
Date of Birth	Date of Birth
Current School	Current School
Name	Name
Address	Address
Telephone	Telephone
Date of Birth	Date of Birth
Current School	Current School
Name	Name
Address	Address
Telephone	Telephone
Date of Birth	Date of Birth
Current School	Current School



VICTIM, WITNESS, or ACCUSED PERSON STATEMENT FORM (Circle One)

STATEMENT			Page of
1,	NAME	DATE OF BIRTH	POSITION / GRADE
ADDRESS:	STREET	CITY	STATE ZIP CODE
(AREA) HO	OME TELEPHONE	(AREA) CELL PHONE	DATE
having been advised or threat, or use of fo	I that I need not make this statement orce or duress, do proceed to state	nt, declare that the following statement is given freely ar as follows:	nd voluntarily, without promise to benefit
-			
I have read each pag I certify that the facts	ge of this statement consisting of _s contained herein are true and cor	page(s), each page of which bears my signature, arect to the best of my knowledge.	nd corrections, if any, bear my initials, and
Signature of Person	Giving Statement	Signature of Person Witnessi	ing Statement
Printed Name of Per	son Giving Statement	Printed Name of Person Witn	nessing Statement

STATEMENT, continued			Page	of	
I have read each page of this statement consisting of page I certify that the facts contained herein are true and correct to the	e(s), each page o e best of my know	f which bears my signature, and correctivledge.	ons, if any, bea	r my initials, and	
Signature of Person Giving Statement		Signature of Person Witnessing Statem	nent		
Printed Name of Person Giving Statement		Printed Name of Person Witnessing Sta	atement		



EVIDENCE - CHAIN OF CUSTODY FORM

The item(s) described below were obtained as the Nassau County School District.	s evidence by the undersigned dur	ing an offici	al investigation of
Description of Item(s):			
Obtained from: (title, name, location, phone	number)		
Printed name of investigator: S	ignature of Investigator:	Date Obtai	ned:
Relating to the Case of:	l		
Temporary disposition of item (s): (where sto	ored)		
Released by: (printed name and signature)	Released to: (printed name and	l signature)	Date:
Temporary disposition of item (s): (where sto	ored)		
Released by: (printed name and signature)	Released to: (printed name and	l signature)	Date:
Temporary disposition of item (s): (where sto	ored)		
Released by:(printed name and signature)	Released to: (printed name and	l signature)	Date:
Temporary disposition of item (s): (where sto	ored)		
Released by: (printed name and signature)	Released to: (printed name and	l signature)	Date:
Temporary disposition of item (s): (where sto	ored)		
Released by: (printed name and signature)	Released to: (printed name and	l signature	Date:



HAZING INVESTIGATION FINAL REPORT

Person Completing Investigation		Position	
School	Date _		
Person Reporting Incident (From Complaint Form)			
Name	Student □	Parent/Guardian □	Other □
If <u>not</u> a student: Address		Telephone	
Name of alleged victim	Gender	Grade	Age
Was the student absent from school as a result of this in	ncident? Yes □	No □ If so, numbe	r of days
(Attach additional sheet if needed)			
2. Name(s) of alleged offender(s) Age	Grade School	<u>ol</u>	Days Absent Due to Incident
(Attach additional sheet if needed.) INVESTIGATION			
INVESTIGATION			
3. Parents/legal guardians of all involved notified the same	e day as the investiga	tion was initiated:	′es □ No □
4. Was this incident reported to law enforcement? Yes	s□ No□ Ho	ow?	
COMMENTS:			
5. What actions were taken to investigate this incident (cho	pose all that apply)?		
☐ Interviewed alleged victim ☐ Interviewed alleged offender(s) ☐ Interviewed witnesses ☐ Collected witness statements in writing ☐ Interviewed school nurse ☐ Reviewed any medical information available ☐ Interviewed teachers and/or school staff	☐ Intervi ☐ Exami ☐ Condu ☐ Obtair	ewed alleged victim's ewed alleged offender ined physical evidence acted student record rened copy of police reposed Specify	s parent/guardian eview ort
6. Nature of Incident: Describe the incident including poss	sible reasons/alleged	motives for the hazing	incident.

(HAZING INVESTIGATION FINAL REPORT, CONTINUED)

7.	Frequency and History: Did the alleged hazir	ng occur at regular times/occasions/places? Yes \square No	
	How often?	Has it occurred in the past by the same person/people? Yes D	∃ No □
	Where did the alleged hazing occur?		
8.	Effect of the hazing incident (choose all that a	apply):	
	☐ Disrupted school environment or the e ☐ Physical harm Any possible pe ☐ Emotional/psychological harm or disc ☐ Absenteeism ☐ Other: Specify	ermanent effects? Yes No No O	
	COMMENTS:		
9.	Corrective action taken (choose all that apply	y):	
	□ None required – this was a false alleg □ None required – the incident did not we corrective action □ Student conference □ Student warning □ Letter of apology □ Parent contact by telephone or letter □ Parent conference: Date □ Counseling: Details	warrant □ In-school suspension: # of days □ Out-of-school suspension: # of days □ Placement in alternative program # of days □ Recommendation for expulsion □ Contacted law enforcement □ Student arrested	
10.	Additional pertinent information gained durin	ng the investigation (attach additional sheet if needed):	
11.	Physical evidence collected		
FI	NDINGS		
Th	is allegation is: Founded □	Unfounded □	
lnv	vestigator 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