

**CHILD ABUSE and NEGLECT Reporting**

**STUDENT and STAFF DATING**

**STUDENT HARASSMENT,  
BULLYING, INTIMIDATION or  
VIOLENCE Reporting**

**ALLEGANY COUNTY PUBLIC SCHOOLS**

108 Washington Street, P.O. Box 1724

Cumberland, Maryland 21501-1724

**2020-2021**

**The Board of Education of Allegany County follows the requirements of the Family Law Article of the Annotated Code of Maryland which maintains that all employees, volunteers, student teachers and student interns know of their responsibility to recognize and report suspected child abuse and neglect.**

**The Department of Social Services is charged with the responsibility of receiving and investigating complaints of child abuse and/or neglect. A child is any person under the age of 18.**

#### Definitions

**A. Abuse:** the physical or mental injury of a child (under 18) by any parent or other person who has permanent, temporary care, custody or responsibility for supervision of a child, or by a family member, under circumstances that indicate that a child's health or welfare is harmed or at substantial risk of being harmed. **Mental injury** includes the observable, identifiable and substantial impairment of a child's mental or psychological ability to function caused by an act of a parent, caretaker, household or family member. The **sexual abuse** of a child (under 18) whether physical injuries are sustained or not, means any act that involves the sexual molestation or exploitation of a child by a parent or other person who has permanent, temporary care, custody or responsibility of a child, or by any household or family member. Sexual abuse includes, but is not limited to: incest, rape, or sexual offense in any degree; sodomy, and unnatural or perverted sexual practices.

**B. Neglect:** the leaving of a child unattended, or other failure to give proper care and attention to a child by any parent or other person who has permanent, temporary care, custody, or responsibility for supervision of the child under circumstances that indicate (1) the child's health or welfare is harmed or placed at substantial risk of harm or (1) mental injury to a child or a substantial risk of mental injury. Mental injury

includes the observable, identifiable, and substantial impairment of a child's mental or psychological ability to function caused by the omission or series of omissions by a parent or caretaker. Examples of neglect that may be appropriate for referral to Allegany County Department of Social Services, Child Protective Services (CPS) are:

- (1) child left unattended or inadequately supervised for long periods of time or with responsibilities beyond the child's capabilities.
- (2) child showing signs of failure to thrive that have not been explained by a medical condition such as evidence that the child is receiving insufficient food.
- (3) child not receiving essential medical, mental health, or dental treatment to the extent that the child's health or welfare is harmed or at substantial risk of harm.
  - (1) child wearing weather inappropriate clothing that creates risk to the child's health.
  - (5) child living in a home where safety standards put the child's health or welfare at substantial risk or harm.

**Neglect referrals investigated by the Allegany County Department of Social Services which do not meet the criteria for acceptance may be referred to the pupil personnel worker, school counselor or school nurse.**

**Who Must Report: Maryland law requires that every educator, health practitioner, human service worker, law enforcement officer, or other school employees who believe or have reason to believe a child has been abused or is**

## **neglected shall report.**

**Penalty:** Any employee, volunteer, student teacher, or student intern who knowingly fails to report suspected child abuse or neglect is subject to suspension or dismissal and/or revocation of certification issued by the Maryland State Department of Education and/or Maryland license to practice issued by the Department of Health and Mental Hygiene.

**Immunity:** Any employee, volunteer, student teacher, and student intern who in good faith, participates in the making of a report or the investigation of child abuse or neglect, or in any judicial proceeding is immune from civil liability or criminal penalty. A good faith report is based upon honest beliefs, absence of malice, and no conscious attempt to falsify information.

### **Reporting Procedures**

**Consultation services to all employees, volunteers, student teachers, and student interns are available at the Department of Social Services, 301-784-7122.**

**A. Oral Report:** An oral report should be made to the Allegany County Department of Social Services, **301-784-7122**, during regular business hours or 911 when DSS cannot be reached. The following information should be ready when the call is made: name, address, telephone number, child's date of birth. If possible, other information to include: names and schools of siblings, names, addresses, and telephone numbers of parents/caretakers. Notify administration that report is made.

**B. Written Report:** Complete written report (Form 180: Report of Suspected Child Abuse/Neglect), which can be accessed on the school system's website. Fax the form to the fax numbers listed below for a DSS intake worker and the Pupil Personnel Office **within 48 hours. A copy should also be sent to the State's Attorney's Office, 59 Prospect Square-Suite 111, Cumberland, MD 21502.** Fax copies to DSS:

- Tracie Wilson, [tracie.wilson@maryland.gov](mailto:tracie.wilson@maryland.gov), CPS Supervisor, 301-784-7244
- Terri Ringler, [terri.ringler@maryland.gov](mailto:terri.ringler@maryland.gov), CPS Intake Worker, 301-784-7244
- Pam Rice, [pam.rice@maryland.gov](mailto:pam.rice@maryland.gov), CPS Intake Worker, 301-784-7244
- Sharon Bailey, [sharon.bailey@maryland.gov](mailto:sharon.bailey@maryland.gov), CPS Intake Worker, 301-784-7244
- Laura McKenzie, [lauraj.mckenzie@maryland.gov](mailto:lauraj.mckenzie@maryland.gov), CPS Intake Worker, 301-784-7244

Special note for COVID closures: [adultandchildservices.allegany@maryland.gov](mailto:adultandchildservices.allegany@maryland.gov)

This email is specifically set up as a secure email thru MD DHS that only the intake workers and supervisor has access to. USE EMAIL, not fax, during current office closure due to COVID.

DSS office business hours have changed and are now 8am-4:30pm Mon -Fri. Anything beyond 4:30pm, weekends, or holidays that is an emergency should go through our on-call pager worker who can be accessed by calling Civil Defense 301-777-7111 and asking for the ACDSS CPS on call worker.

**C. Esther Greco, Secretary, Pupil Personnel, 301-759-2039**

**D. Suspected Child Abuse/Neglect by School Personnel:** If the suspected abuser/neglector is an employee, volunteer, student teacher, or student intern of the Allegany County Public Schools, the same reporting procedures are to be followed. However, if the suspected abuser/neglector is a school administrator, the administrator shall not be notified of the report without consultation with the Department of Social Services and appropriate law enforcement agency.

**E. Confidentiality:** Child abuse and/or neglect reports and records shall not be placed in the student's school record. All child abuse and/or neglect referrals or reports shall be kept in a separate file in the principal's office until the time the student turns 24 years old

## DATING OR SEXUAL RELATIONS BETWEEN STAFF AND STUDENTS

**The interaction between students and staff should remain clearly within the appropriate confines of a professional student/staff relationship.**

### **Definitions**

**A. Dating** may include, but is not necessarily limited to a social engagement, appointment or occasion planned or not between two persons for social or sexual gratification. It may also include occasions where the sole purpose is for personal pleasure.

**B. Sexual Relations** may include, but is not necessarily limited to sexual contact or conduct, in person or through communication, occurring between or involving two or more persons. Examples include: intimate kissing, inappropriate touching or fondling, phone calls or letters of a sexual nature, pornographic discussion or display, exploitation and sexual intercourse.

**C. Disciplinary Action After Investigation** of infractions involving dating or sexual relations between students and staff will be punished by sanctions ranging from 30 days suspension with loss of pay to discharge for cause.

**STUDENT HARASSMENT, BULLYING, INTIMIDATION, or VIOLENCE** It is the policy of the Allegany County Public School System to maintain a learning and working environment that is free from any type of harassment, violence, or hate crimes based on an individual's religion, race, ethnicity, gender, national origin, disabilities, socioeconomic status, sexual orientation, or age.

**The Allegany County Public School System will investigate all complaints, verbal or written, that occur in school. Appropriate action will be taken against any individual who is employed by, attends or conducts business with the school system that violates these policies. These policies are enforced in school, on school property, at school-sponsored activities or on school provided transportation.**

### Definitions

**A. Harassment:** Any attempt to threaten or intimidate another person or interfere with the educational environment. Examples include but are not limited to physical or verbal attacks, name calling, jokes, rumors, notes, cartoons, theft or damage to property. **Sexual Harassment:** Sexual harassment consists of unwelcome advances, requests for sexual favors, sexually motivated physical conduct, and other verbal or physical conduct or communication of a sexual nature when submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining or retaining employment or of obtaining an education; or submission or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment or education; or such conduct has the purpose or effect of unreasonably interfering with an individual's academic pursuit by creating a hostile or offensive educational or working environment.

Examples include but are not limited to unwelcome verbal harassment or abuse, unwelcome pressure for sexual activity, unwelcome sexually motivated or inappropriate patting, pinching or physical contact, other than necessary restraint of pupil(s) by teachers, administrator, or other school personnel to avoid physical harm to persons or property, unwelcome sexual

behavior or words including demands for sexual favors, accompanied by implied or overt threats concerning an individual's employment or educational status, unwelcome behavior or words directed to an individual because of gender. **The Allegany County Board of Education prohibits discrimination on the basis of sex in its educational program, activities, or employment as required by Title IX of the 1972 Education Amendments and Title VII of the Civil Rights Act of 1964 and recognizes sexual harassment as a form of sexual discrimination.** **Racial Harassment** consists of physical or verbal conduct relating to an individual's race when the conduct has the purpose or effect of creating an intimidating, hostile, or offensive working or academic environment; has the purpose of substantially or unreasonably interfering with an individual's work or academic performance, or otherwise adversely affects an individual's employment or academic opportunities. **Religious Harassment** consists of physical or verbal conduct relating to an individual's religion when the conduct has the purpose or effect of creating an intimidating, hostile, or offensive working or academic environment; has the purpose or effect of substantially or unreasonably interfering with an individual's work or academic performance; or adversely affects an individual's employment or academic opportunities.

**National Origin Harassment** consists of physical or verbal conduct relating to an individual's ancestry, country of origin, or country of origin of student's parents, family members, or ancestors. In addition, harassment can occur because a person is an immigrant, speaks another language, or has a foreign accent. **Disability Harassment** consists of physical or verbal conduct relating to an individual having a physical or mental impairment which substantially limits one or more major life activities. **Socioeconomic Status**

**Harassment** consists of physical or verbal conduct relating to an individual's social and economic factors. **Gender Identification, Gender Expression and Sexual Orientation Harassment** is unwelcome behavior or words directed at an individual because of his or her gender identification, gender expression and/or sexual orientation.

- B. Discrimination** is when a person has, on the basis of race, color, sex, age, national origin, religion, marital status, sexual orientation, or disability, been excluded from participating in, denied the benefits of, or been subjected to discrimination under any academic, extra curricular, research, occupational training, or other educational program or activity. Examples include but are not limited to treating one person differently from another in determining whether such person satisfies any requirement or condition for the provision of aid, benefit, or service; or discrimination based on a person's age, usually in employment practices.
- C. Sexual Violence** is a physical act of aggression or force or the treatment thereof, which involves the touching of another's intimate parts, or forcing a person to touch any person's intimate parts. Sexual violence may include but is not limited to touching, patting, grabbing, or pinching another person's intimate parts, whether that person is of the same sex or the opposite sex; coercing, forcing, or attempting to coerce or force the touching of anyone's intimate parts; coercing, forcing, or attempting to coerce or force sexual intercourse or a sexual act on another, or threatening to force or coerce sexual acts including the touching of intimate parts or intercourse on another. **Racial Violence** is a physical act of aggression or assault upon another because of or in a manner reasonably related to race.

State of Maryland-Child Protective Services  
**REPORT OF SUSPECTED CHILD ABUSE/NEGLECT**  
(see instructions on reverse side)

**Religious Violence** is a physical act of aggression or assault upon another because of or in a manner reasonably related to religion.

**D. Assault** is an act done with intent to cause fear in another of immediate bodily harm or death; the intentional infliction of or attempt to inflict bodily harm upon another or the threat to do bodily harm to another with present ability to carry out the threat.

### **Complaints/Reporting Procedures**

Any individual who believes he or she has been the victim of harassment should report the alleged act immediately to a teacher, counselor, school nurse, or school administrator. The building principal is responsible for receiving reports of harassment. Complaints may be given verbally or in writing. If verbal, a written statement will be obtained from the individual in his or her own words identifying the alleged harasser(s) or circumstances that led to the complaint. If, due to a student's age, a written statement cannot be obtained, the principal will prepare a written description of the allegations. Any complaint that cannot be resolved at the school level should be forwarded to the Superintendent or designee. Submission of a good faith complaint or report will not affect the reporter's future employment. The Board of Education will respect the privacy of the complainant and others involved.

### **Complaint Investigation Procedures**

If any individual believes that comments, gestures or actions from any other individual violates the harassment, violence, and hate crime policy, the individual should report the alleged act to his or her principal or immediate supervisor. A formal written complaint should be completed. Any individual who has a claim against a principal or supervisor shall contact the Executive Director or Supervisor of Personnel. The principal or supervisor conducting the investigation will be objective, showing sensitivity and respect to the person making the complaint. The names of all witnesses and information surrounding the circumstances will be collected. The official will keep a written log of the investigation. The Board of Education is committed to protecting innocent individuals from false accusations. A determination will be made as to whether the alleged conduct occurred and whether it constituted harassment, violence or a hate crime. Confidentiality will be maintained throughout the complaint process. No individual will suffer reprisals for reporting incidents of harassment and/or participating in the investigation. **Harassment or Violence, Policy Incident Report Forms are available from all School Administrators, Supervisors, or the Personnel Department at the Central Office**

<b>1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED ADDRESS ZIP</b>				
<b>2. PERSON MAKING REPORT (Name)</b>		<b>3. POSITION/TITLE</b>		
<b>4. NAME OF DEPARTMENT/ORGANIZATION ADDRESS ZIP</b>				<b>5. TELEPHONE</b>
<b>6. TYPE OF REFERRAL</b> PHYSICAL ABUSE SEXUAL ABUSE NEGLECT MENTAL INJURY-ABUSE MENTAL INJURY-NEGLECT				
<b>7. NAME OF CHILD</b>		<b>8. SEX</b>	<b>9. BIRTH DATE</b>	<b>10. RACE</b>
<b>11. ADDRESS (Where child can be seen) CITY STATE ZIP</b>			<b>12. GRADE</b>	<b>13. SCHOOL</b>
<b>14. NAME OF PERSON RESPONSIBLE FOR CHILDS CARE</b>		<b>14A. AGE/DOB</b>	<b>14B. ADDRESS</b>	<b>14C. TELEPHONE</b>
<b>PARENTS/GUARDIAN</b>	<b>AGE/DOB</b>	<b>ADDRESS</b>		<b>TELEPHONE</b>
<b>MOTHER:</b>				
<b>FATHER:</b>				
<b>GUARDIAN (Specify Relation):</b>				
<b>15. NAME OF SUSPECTED ABUSER/NEGLECTOR</b>	<b>16. RELATION</b>	<b>17. AGE/DOB</b>	<b>18. ADDRESS</b>	<b>19. TELEPHONE</b>
<b>20. STATE NATURE EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION: EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.</b>				
<b>21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?</b>				
<b>22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?</b>				
<b>23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.</b>				
<b>24. ARE ANY WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER?</b> Yes No Unknown		<b>25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY?</b> Yes No Unknown		<b>26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER.</b>
<b>27. SIGNATURE OF PERSON REPORTING DATE</b>			<b>28. DATE/HOUR ORAL CONTACT IN LDSS</b>	
<b>29. REPORT TAKEN</b> Yes		<b>30. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE</b>		

DHR/SSA 180 (5/98) Previous editions are obsolete.

No

## INSTRUCTIONS

### REQUIRED REPORTERS:

Every health practitioner, educator, social worker, or law-enforcement officer who contacts, examines, attends, or treats a child and who believes or has a reason to believe that the child has been abused/neglected is required to make an oral and written report to either Social Services or the Police.

### TIMELINES:

An oral report of suspected child abuse and neglect must be made immediately. A written report must also be submitted by mandated reporters within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect. It is not necessary to observe outward signs of injury to the child.

Neither is it necessary for the reporter to establish proof that abuse/neglect occurred. Protection of the child is paramount. If abuse/neglect is suspected, a report must be submitted.

### DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT:

#### “Child abuse” means: (COMAR 07.02.07.02)

Physical injury, not necessarily visible, or mental injury of a child by a parent or other individual who has permanent or temporary care or custody or responsibility for the supervision of the child, or by a household or family member under circumstances that indicate that the child’s health or welfare is harmed or at substantial risk of being harmed;

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, whether physical injuries are sustained or not by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household member; or

Mental injury, meaning the observable, identifiable and substantial impairment of a child’s mental or psychological ability to function, that is caused by the act of a parent or other individual who has permanent or temporary care, or custody or responsibility for supervision of the child, or by a household or family member.

#### “Child Neglect” means: (COMAR 07.02.07.02)

“Child Neglect” means the failure to give proper care and attention to a child, including the leaving of a child unattended by the parents, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child, under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child’s mental or psychological ability to function, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child by the child’s parents, or other individual who has permanent or temporary care or custody, or responsibility for the supervision of the child.

### COMPLETING THE FORM 180:

Respond to each item even if reply is “unknown” or “none”. Use additional paper if necessary to complete any given section.

**1. Name of Local Department Being Notified:** For suspected child abuse/neglect an oral report must be made to the Local Child Protective Services unit in the jurisdiction where the incident allegedly took place. This written report must be filed within 48 hours after making an oral report.

**2. Person Making Report (Name):** This should always be the person who witnessed or has first hand knowledge of the incident. Any person including a health practitioner educator, social worker, or law-enforcement officer, participating in the making of a good faith report, or participating in an investigation or in a judicial proceeding resulting therefore shall in so doing be immune from any civil liability or criminal penalty that might otherwise be uncured or imposed as a result.

**6. Type of Referral:** Please check only one box per report being submitted.

**7. Name of Child:** Identify only one child per report.

11. Address where child can be seen should include both daytime and after normal working hours.

29. **Report Taken:** There are some types of referrals that are inappropriate for child abuse/neglect investigation. The Local Department is available for consultation when there is uncertainty regarding a situation. If your concerns do not meet the criteria for investigation, you will be referred to alternate resources, when possible. When contacting the local department record the name of the person you spoke with and the outcome of the conversation in your records. If the oral report of abuse/neglect is not taken by the local departments still send in the written report and keep a copy for your records.



## HARASSMENT OR INTIMIDATION (BULLYING) REPORTING FORM

Directions: Harassment and intimidation (bullying) are serious and will not be tolerated. This is a form to report alleged harassment and intimidation (bullying) that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school\*, in the current school year. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim, and wish to report an incident of alleged harassment or intimidation (bullying), complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

**Harassment and intimidation (bullying) means conduct, including verbal conduct, that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being, and is motivated by an actual or a perceived personal characteristic such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.**

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Month Day  
Year

School System: \_\_\_\_\_

**PERSON REPORTING INCIDENT** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

Place an **X** in the appropriate box:  Student  Student (Witness/Bystander)  Parent/guardian  Close adult relative  School Staff

1. Name of student victim: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please print)

2. Name(s) of alleged offender(s) (If known): (Please print) \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Is he/she a student? (if known)  
 \_\_\_\_\_  Yes  No  
 \_\_\_\_\_  Yes  No  
 \_\_\_\_\_  Yes  No

3. On what date(s) did the incident happen?:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

4. Where did the incident happen (choose all that apply)?  
 On school property  At a school-sponsored activity or event off school property  
 On a school bus  On the way to/from school\*

5. Place an **X** next to the statement(s) that best describes what happened (choose all that apply):  
 Hitting, kicking, shoving, spitting, hair pulling, or throwing something  
 Getting another person to hit or harm the student  
 Teasing, name-calling, making critical remarks, or threatening, in person or by other means  
 Demeaning and making the victim of jokes  
 Making rude and/or threatening gestures  
 Excluding or rejecting the student  
 Intimidating (bullying), extorting, or exploiting  
 Spreading harmful rumors or gossip  
 Other (specify) \_\_\_\_\_

\*Will be collected unless  
 specifically excluded by local board policy

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

6. What did the alleged offender(s) say or do?

(Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying) occur?

(Attach a separate sheet if necessary)

8. Did a physical injury result from this incident? Place an **X** next to one of the following:

No  Yes, but it did not require medical attention  Yes, and it required medical attention 9. If there was a physical injury, do you think there will be permanent effects?  Yes  No

10. Was the student victim absent from school as a result of the incident?  Yes  No

If yes, how many days was the student victim absent from school as a result of the incident? \_\_\_\_\_

11. Did a psychological injury result from this incident? Place an **X** next to one of the following:

No  Yes, but psychological services have not been sought  Yes, and psychological services have been sought

12. Is there any additional information you would like to provide? (Attach a separate sheet if necessary)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HARASSMENT OR INTIMIDATION (BULLYING) INCIDENT SCHOOL INVESTIGATION FORM** School Personnel

Completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Month Day Year

School System: \_\_\_\_\_

**Person Reporting Incident** (From reporting form) Name: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Place an **X** in the appropriate box:  Student  Student (Witness/Bystander)  Parent/guardian  Close adult relative  
 School Staff

1. Name of student victim: \_\_\_\_\_ Age: \_\_\_\_\_ Days absent as a result of the incident: \_\_\_\_\_  
(Please print)

2. Name(s) of alleged offender(s) (If known): Age School Is he/she a student? Days absent due to incident

\_\_\_\_\_  Yes  No \_\_\_\_\_

\_\_\_\_\_  Yes  No \_\_\_\_\_

\_\_\_\_\_  Yes  No \_\_\_\_\_ (Please print)

Total number of alleged offenders: \_\_\_\_\_

**INVESTIGATION**

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

- Interviewed student victim
- Interviewed alleged offender(s)
- Interviewed witnesses
- Witness statements collected in writing
- Interviewed school nurse
- Reviewed any medical information available
- Interviewed teachers and/or school staff
- Interviewed student victim's parent/guardian
- Interviewed alleged offender's parent/guardian
- Examined physical evidence
- Conducted student record review
- Obtained copy of police report
- Other (specify) \_\_\_\_\_

4. Why did the harassment or intimidation (bullying) occur (alleged motives)? (choose all that apply)

- Because of race
- Because of national origin
- Because of sex
- Because of sexual orientation
- Because of religion
- Because of disability
- Because of physical appearance
- To impress others
- Just to be mean
- Because of marital status
- Because of another reason (specify)
- The reason is unknown

Maryland State Department of Education in accordance with the Safe Schools Reporting Act of 2005 8-05

5. What corrective actions were taken in this case (choose all that apply)?

- None were required, this was a false allegation
- None, the incident did not warrant any corrective action
- Student conference
- Student warning
- Letter of apology
- Mediation
- Counseling
- Parent letter
- Parent phone call
- Parent conference
- Detention
- In-school suspension
- Out-of-school suspension/expulsion
- Other (specify) \_\_\_\_\_

6. Additional pertinent information gained during the interview:

(Attach a separate sheet if necessary)

7. Investigator notes:

(Attach a separate sheet if necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_