

LOWELL PUBLIC SCHOOLS

I. BULLYING PREVENTION AND INTERVENTION REPORTING FORM

1. Name of Reporter/Person Filing the Report:	
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(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report)

2. Check whether you are the:	Target of the behavior:		Reporter (not the target)	
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3. Check whether you are a:	Student:		Staff member:		If Staff, specify Role:
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	Parent		Other (specify):	
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	Your Contact Information/Telephone Number:	
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4. If Student/Parent indicate school:		Grade:	
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5. If Staff Member, indicate your School or Work site:	
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6. Information about the Incident:	
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Name of Target (of behavior):	
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Name of Aggressor (Person who engaged in the behavior):	
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Date(s) of Incident(s):	
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Time when Incident(s) Occurred:	
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Location of Incident(s) (be as specific as possible):	
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7. Witnesses (List people who saw the incident or have information about it, adding additional cells as needed):
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	Name:		Student:		Staff:		Other:	
	Name:		Student:		Staff:		Other:	
	Name:		Student:		Staff:		Other:	

8. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used, add cells as needed.)

9. Name of Person Filing this Report:		Date:	
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(Note: Reports may be filed anonymously)

10. Form given to:		Position:		Date:	
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Date received:		
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II. INVESTIGATION

1. Investigator(s):		Position(s)	

2. Interviews (add additional cells as necessary)					
	Interviewed aggressor/perpetrator:	Name:		Date:	
	Interviewed target/victim:	Name:		Date:	
	Interviewed witnesses:	Name:		Date:	
		Name:		Date:	
		Name:		Date:	
		Name:		Date:	

3. Any prior documented incidents by the aggressor?		If yes, Date:		Date:		Date:	
	If yes, have incidents involved target/victim or target/victim group previously?						
	Any previous incidents with findings of BULLYING, RETALIATION?						

Summary of Investigation:

(Add additional cells as needed)

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of Bullying or Retaliation:

If yes:

Indicate if Bullying or Retaliation was on the basis of:

If no, document how incident was coded:

2. Contacts:

Target's/Victim's parent/guardian(s)	Date:
Aggressor's/Perpetrator parent/guardian(s)	Date:
District Equity Coordinator (DEC)	Date:
Law Enforcement	Date:
Aggressor/Perpetrator (if he/she is a member of staff)	Date:

3. Action Taken:

If necessary, provide further explanation regarding action taken:

4. Describe Intervention/Safety Planning:

Intervention/Safety Plan Implemented	If yes,	Effective from:	to:
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(See Intervention/Safety Plan Attached)

Follow-up with Target/Victim:	Scheduled for:	Initial and date when completed:
Follow-up with Aggressor/Perpetrator:	Scheduled for:	Initial and date when completed:

Any additional information:

If Principal was not the investigator, report forwarded to Principal	Date:
Report forwarded to Superintendent/Designee	Date:

Name and Title of Investigator	Date:
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IV. LOWELL PUBLIC SCHOOLS INTERVENTION PLAN

Student Name:		Date:	
Type of Plan:			

I. Outside of school plans (arrival/dismissal, bus, after school, other, N/A)

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II. Movement throughout the building (hallway, classes, recess, lunch, lockers, office, bathroom, other, N/A)

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III. Additional Safety Concerns (searches, social worker check-ins, other, N/A)

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IV. Additional Information

Parent/Guardian Contact:	
Building Point Person:	
Social Worker:	

Other:	
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V. Contact Restrictions

N/A

Please use one of the entries on tab: Recommended options for Section V.

Failure to comply with these instructions could result in disciplinary action as described in Section VII.

VI. Length of Plan

This plan is effective from:		to:	
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This plan will be reviewed on:	
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NOTE: This plan can be reviewed, amended or discharged at the discretion of the school after consultation with parent/guardian(s).

VII. Consequences (If applicable)

Failure to comply with any portion of this intervention/safety plan may include, but is not limited to any of the following actions:

Recess detention, Lunch detention, After-school detention, Suspension from after school activities or clubs, In school suspension, Suspension from school, Transfer to a different class/section/house, Placement at an Alternative School, Expulsion.

VIII. Contacting Police

NOTE: Nothing in this plan prevents staff members, students or a family from contacting the police directly.

IV. Signatures:

Principal/Designee:	
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Staff Members:	
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Parent/Guardian(s):	
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Student:	
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