LOWELL PUBLIC SCHOOLS I. BULLYING PREVENTION AND INTERVENTION REPORTING FORM 1. Name of Reporter/Person Filing the Report: (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) Staff member: If Staff, specify Role: 3. Check whether you are a: Student: Parent Other (specify): Your Contact Information/Telephone Number: 4. If Student/Parent indicate school: Grade: 5. If Staff Member, indicate your School or Work site: 6. Information about the Incident: Name of Target (of behavior): Name of Aggressor (Person who engaged in the behavior): Date(s) of Incident(s): Time when Incident(s) Occurred: Location of Incident(s) (be as specific as possible): 7. Witnesses (List people who saw the incident or have information about it, adding additional cells as needed): Student: Staff: Other: Name: Name: Student: Staff: Other: Name: Staff: Other: Student: 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: (Note: Reports may be filed anonymously) 10. Form given to: Position: Date: Date received: