

# GREATER LOWELL TECHNICAL HIGH SCHOOL



## BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1. Name of Reporter/Person Filing the Report:  Student  Parent  Teacher

Bus Driver  Aramark Staff  Other: \_\_\_\_\_

(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)

3. Your contact information/telephone number: \_\_\_\_\_

4. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional sheet if necessary. (Word for word: what target said; what witnesses said, what aggressor said; facts only )

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- Target of the behavior: \_\_\_\_\_
- Name of Alleged Aggressor: \_\_\_\_\_
- Date(s) of Incident(s): \_\_\_\_\_
- Time When Incident(s) Occurred: \_\_\_\_\_
- Location of Incident(s) (Be as specific as possible): \_\_\_\_\_

5. Witnesses (List people who saw the incident or have information about it):

Name: \_\_\_\_\_ Student  Staff  Other

Name: \_\_\_\_\_ Student  Staff  Other

Name: \_\_\_\_\_ Student  Staff  Other

6. Signature/Name of Person Filing this Report: \_\_\_\_\_

Incident serious enough to require immediate action (if checked, please complete Safety Plan)

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*For Administrative Use Only*

## II. INVESTIGATION

1. Investigator(s): \_\_\_\_\_

- Position(s): \_\_\_\_\_

### 2. Interviews:

Interviewed aggressor      Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed target      Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed witnesses      Name: \_\_\_\_\_ Date: \_\_\_\_\_

3. Any prior documented incidents by the alleged aggressor?  Yes  No

List incident numbers: \_\_\_\_\_

If yes, have incidents involved target or target group previously?  Yes  No

List incident numbers: \_\_\_\_\_

Any previous incidents with findings of BULLYING, RETALIATION:  Yes  No

### Summary of Investigation (*Examples*)

Witnesses confirmed allegation       Cameras confirmed       Teacher confirmed

Witness could not confirm       Witness contradicted       Aggressor admitted to incident

Aggressor denied allegation

Other: \_\_\_\_\_

4. Safety Plan attached:       Yes  No

### Contacts:

Target's parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Alleged Aggressor's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Law Enforcement  Yes      or       No      Date: \_\_\_\_\_

5. Follow-up with Target:      Scheduled for \_\_\_\_\_ Initial and date when complete: \_\_\_\_\_

Follow-up with Aggressor:      Scheduled for \_\_\_\_\_ Initial and date when complete: \_\_\_\_\_

Report forwarded to Director of Guidance:  Yes  No

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

(If principal was not the investigator)

Please use additional paper and attach to this document as needed)

**III. CONCLUSIONS FROM THE INVESTIGATION:**

(Director of Guidance; Principal; Assistant Principal; Dean)

**1. Finding of bullying or retaliation:**

YES  NO

Bullying  Incident documented as \_\_\_\_\_

Retaliation  Discipline referral only \_\_\_\_\_

**2. Action Taken:**

Loss of Privileges  Detention  In House Suspension  Out House Suspension

Community Service  Education  Other \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_