



APPENDIX A

GREATER LOWELL TECHNICAL HIGH SCHOOL
BULLYING PREVENTION AND INTERVENTION INCIDENT 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: Victim of the behavior [] Reporter (not the victim) []

3. Check whether you are a: [] Student [] Staff member (specify role) [] Parent [] Administrator [] Other (specify)

Your contact information/telephone number:

4. Information about the Incident:

Name of Victim (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):

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. 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 space on back if necessary.

FOR ADMINISTRATIVE USE ONLY

7. Signature of Person Filing this Report: Date:

8. Form Given to: Position: Date:

Signature: Date Received:

II. INVESTIGATION

1. Investigator(s): _____ Position(s): _____

2. Interviews:

- Interviewed aggressor Name: _____ Date: _____
- Interviewed victim Name: _____ Date: _____
- Interviewed witnesses Name: _____ Date: _____

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

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

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

Summary of Investigation:

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

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation:

YES NO

- Bullying Incident documented as _____
- Retaliation Discipline referral only _____

2. Contacts:

- Victim's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____
- Law Enforcement Date: _____

3. Action Taken:

- Loss of Privileges Detention STEP referral Suspension
- Community Service Education Other _____

4. Describe Safety Planning: _____

Follow-up with Victim: scheduled for _____ Initial and date when completed: _____

Follow-up with Aggressor: scheduled for _____ Initial and date when completed: _____

Report forwarded to Director of Guidance: Date: _____

(If principal was not the investigator)

Signature and Title: _____ Date: _____