



Lawrence Family Development Charter School

www.lfdcs.org

strengthening families...building community

Academy for Early Academic Preparation (K-1-Grade 1)
10 Railroad Street, Lawrence, MA 01841
Ph: 978.258.6210

Lower School (Grades 2-4)
34 West Street, Lawrence, MA 01841
Ph: 978.689.9863 * Fax: 978.689.8133

Upper School (Grades 5-8)
400 Haverhill Street, Lawrence, MA 01841
Ph: 978.738.0609 * Fax: 978.738.0634

Bullying Prevention and Intervention Incident Reporting Form

- 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.)
 - Check whether you are the:** Target of the behavior Reporter (not the target)
 - Check whether you are a:** Student Staff member (specify role): _____
 Parent Administrator Other (specify): _____
Your contact information/telephone number: _____
 - If student, state your school:** _____ Grade: _____
 - If staff member, state your school or work site:** _____
-
- Information about the incident:**
Name of Target (of behavior): _____
Name of Aggressor (person who engaged in the behavior): _____
Date(s) of Incident(s) occurred: _____
Location of Incident(s) (be as specific as possible): _____
-
- Witnesses (list people who saw the incident or have information about it):** _____
Name: _____ Student Staff Other _____
Name: _____ Student Staff Other _____
Name: _____ Student Staff Other _____
-
- 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

Signature of person filing this report: _____ Date: _____
(Note: Reports may be filed anonymously)

Form given to: _____ Position: _____ Date: _____

Signature: _____ Date Received: _____



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Bullying Prevention and Intervention Investigation Form

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

2 Interviews:

- Interviewed aggressor Name: _____ Date: _____
- Interviewed target Name: _____ Date: _____
- Interviewed witness(es) Name: _____ Date: _____

3. Any prior documented incidents by aggressor? Yes No

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

Any previous incidents with findings of BULLYING RETALIATION? Yes No

SUMMARY OF INVESTIGATION

(please use additional paper and attach to his document as needed)

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: Yes No

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

2. Contacts:

- Target's parent/guardian Date: _____ Aggressor's parent/guardian Date: _____
- District Equity Coordinator (DEC) 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 Target: scheduled for _____ Initial and date when completed: _____

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

Report forwarded to Principal: Date: _____ Report forwarded to Superintendent: Date: _____
(If Principal was not the investigator)

Signature and Title: _____ Date: _____