

**Lawrence Catholic Academy
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. Circle whether you are the: Target or Reporter

3. Circle your role: Student Parent Administrator Staff member (specify)

(Staff member specify)

4. Your contact information:

5. Information about the Incident:

A. Name of Target (of behavior):

B. Name of Aggressor (Person who engaged in the behavior):

C. Date(s) of Incident(s):

D. Time When Incident(s) Occurred:

E. Location of Incident(s) (Be as specific as possible):

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

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

Name: _____ Student Staff Other

- 7. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used).**

FOR ADMINISTRATIVE USE ONLY

1. **Name of Person Filing this Report:**

_____ **Date:** _____
(Note: Reports may be filed anonymously.)

2. **Date for turned in:** _____ **Position:** _____

3. **Signature:** _____ **Date Received:** _____

II. INVESTIGATION

1. Investigator(s): _____

2. Position(s): _____

3. Interviews: Interviewed aggressor

Name: _____ Date: _____

Interviewed target

Name: _____ Date: _____

Interviewed witnesses

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

4. Any prior documented Incidents by the aggressor? Yes No

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

6. Any previous incidents with findings of BULLYING or RETALIATION
 Yes No Summary of Investigation:

III. CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: YES NO

Incident documented as _____

2. Contacts: Target's parent/guardian Date: _____

Aggressor's parent/guardian Date: _____

Law Enforcement Yes/ No Date: _____

3. Action Taken: Loss of Privileges Detention Suspension Education

Other _____

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: _____

4. Report forwarded to Principal: Date _____