



Lawrence Public Schools Bullying Incident Administrative Form

Student Name: _____ **Date:** _____ **Time:** _____
School: _____ **Grade:** _____ **ID#:** _____

Investigation: Date: started: _____ ended: _____

Investigator: _____ Position _____

Interviews (check all that apply):

_____ Interview target(s)	Name: _____	Date _____	Name: _____	Date _____
_____ Interview aggressor(s)	Name: _____	Date _____	Name: _____	Date _____
	Name: _____	Date _____	Name: _____	Date _____
_____ Interview witness (If applicable)	Name: _____	Date _____	Name: _____	Date _____
	Name: _____	Date _____	Name: _____	Date _____

Any prior documented incidents by the aggressor(s)? _____ Yes _____ No
 If yes, have the incidents involved target or target group previously? _____ Yes _____ No
 Any previous incidents with findings of bullying or retaliation? _____ Yes _____ No

Summary of Investigation:

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

CONCLUSION FROM INVESTIGATION

Finding of Bullying or Retaliation: _____ Yes _____ No

If yes, please specify: _____ Bullying _____ Retaliation **Must document the incident in the LPS Discipline Database**

Notification:

_____ Target's parent/guardian	Date_____	_____ Target's parent/guardian	Date_____
_____ Aggressor's parent/guardian	Date_____	_____ Aggressor's parent/guardian	Date_____
_____ Aggressor's parent/guardian	Date_____	_____ Aggressor's parent/guardian	Date_____
_____ Law Enforcement (if applicable)	Date_____		

Action taken:

_____ Loss of privileges _____ Parent Conference _____ Detention _____ Community Service _____ Restitution
 _____ Support Group Referral _____ In-House Suspension (# days = _____) _____ Out of School Suspension (# of days = _____)
 _____ Exclusion Hearing _____ Expulsion Hearing _____ Mediation _____ other: _____

List summary of action taken below (attach additional information if necessary):

Safety Planning:

Is a "safety plan" required? _____ Yes _____ No If yes, who is the contact person _____

Follow up with target (s): Scheduled for _____ Follow up with Aggressor (s): Scheduled for _____

Other follow up information: _____

Administrator Signature: _____ Date: _____ Time: _____

Report forwarded to Superintendent: Date_____