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## **BULLYING**

The Worcester Public Schools certifies that its schools have adopted and are enforcing

a Bullying Prevention and Intervention Plan. <u>In accordance to the law, all</u> school

employees are required to immediately report any instances of bullying or retaliation that they have witnessed or become aware of to the principal. An Anonymous Bullying Reporting Line has been established at (508) 799-3472. The entire plan can be viewed at: http://preventbullying.worcesterschools.org

Based on information reported to the school administrator, the administrator will investigate all report and complaints of bullying, cyber-bullying, and retaliation, and

take immediate action to end bullying behavior and restore the target's sense of safety and will engage support staff to determine subsequent steps which may include, but not be limited to, disciplinary action, a strategy for providing support

services or referral to appropriate services for aggressors and targets and for appropriate family members of said students, and criminal charges may be pursued

against the aggressor.

To appeal a decision regarding student to student bullying, contact the Office of Instruction and School Leadership at 508-799-3499 and Mr. Robert Pezzella at 508-799-3472.

To appeal a decision regarding staff to student bullying, contact Jennifer Boulais, Chief Human Resources Officer at 508-799-3020.

## BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM

1.	(Note: Reporter/Person Filing the Report:					
2.	Check whether you are the:	Target of the behavior		Reporter (not th	e target)	
3.	Check whether you are a: [	Student Staff member (specify role)				
	]	☐ Parent ☐ Administr	<sub>rator</sub> [	Other (specify)		
	Your contact information/tele	phone number:				
4.	If student, state your school:			Grade:		
5.	If staff member, state your school or work site:					
6.	Information about the Inciden	ut:				
	Name of Target (of behavior) (Victim):					
	Name of Aggressor (Person who engaged in the behavior) (Bully):					
	Date(s) of Incident(s):					
	Time When Incident(s) Occurred:					
	Location of Incident(s) (Be as specific as possible):					
7. Witnesses (List people who saw the incident or have information about it):						
	Name:		Stud	lent $\square$ Staff $\square$ Other $\_$		
	Name:			lent ☐ Staff ☐ Other_		
	Name:			Student  Staff Other		
	Describe the details of the inc d and said, including specific v					
_	O' ( CD E'' (I'	FOR ADMINISTRATI	IVE USE O1	\JLY	5.4	
9.	Signature of Person Filing this (Note: Reports may be filed				_ Date:	
10	): Form Given to:		Position:		Date:	
fol Ma Cal	Impleted forms can submitted to you llowing: iil to: School Safety Office, Worcester Pul Il or Email the Safety Office with any ques 08)799-3472	olic Schools, 20 Irving Street, Room 1	101, Worcester	MA 01609 or fax to : (508	3)799-3173	

Visit www.preventbullving.worcesterschools.org to obtain copies of this form and obtain more information and resources.