Bullying and Harassment Parent/Guardian or Teacher Form

Date report received by administrator: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date formal investigation initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Signature of administrator/counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions: If you feel that your child/student has been bullied, please fill out the form below. If you need more space, attach additional documentation as needed. Please turn this form in to an administrator or a counselor. You will be contacted within a few days.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

 Contact Information (Phone number and/or e-mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please put an "X" in the appropriate box:

* child/student is being bullied
* child/student reported someone else being bullied

 **Describe what you witnessed or what the student reported to you (please include names of possible witnesses to action or report):**

 Who was involved in the bullying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Were threats communicated in any way? \_\_\_\_\_ yes \_\_\_\_\_ no

 Please list how the threats were communicated (text, verbally, written, use of other technological device/method):

 Prior to completion of this form, was this action reported to or observed by another adult?

 \_\_\_\_\_ yes \_\_\_\_\_ no

 If yes, who and when was the original report made?