



PARENT/GUARDIAN NOTIFICATION RECORD OF STUDENT BULLYING INCIDENT OR SUICIDE THREAT

In accordance with Utah Code Ann., Section 53G-9-604

This is a record documenting notification given to a parent/guardian of a bullying, cyber-bullying, harassment, hazing, or retaliation incident; or suicide threat involving their student. This form must be maintained securely, confidentially, and separately from the student's educational records by school administration consistent with Utah Code Ann., Section 53G-9-604.

DO NOT USE THIS FORM TO NOTIFY A PARENT/GUARDIAN OF THE BULLYING INCIDENT OR SUICIDE THREAT.

Student Information

Student Name: School:

Parent Information

Parent/Guardian Name: Contact Date:

Contacted VIA: Phone Number: Time: a.m. p.m. Personal Contact: Time: a.m. p.m. Email Address: (Attach copy of email) Mail Address: (Attach copy of letter) Other

Incident Information

Incident Type: Bullying Cyber-bullying Harassment Hazing Retaliation Suicide

Incident/Threat

Date:

Printed Name of School Administrator

School Administrator Signature