



PARENT(S)/GUARDIAN(S) 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 parent(s)/guardian(s) 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 PARENT(S)/GUARDIAN(S) OF THE BULLYING INCIDENT OR SUICIDE THREAT.

Student Information

Student Name: School:

Parent/Guardian 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