



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

In accordance with Utah Code Ann., Section 53A-11a-203

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 53A-11a-203(3). **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