

## Bullying and Harassment Parent/Guardian or Teacher Form

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:

- My child/student is being bullied
- My 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?

Date report received by administrator: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date formal investigation initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of administrator/counselor: \_\_\_\_\_