



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	Time: _____	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 Administrator / Counselor

Administrator / Counselor Signature

This form must be printed and maintained securely, confidentially, and separately from the student's educational records by school administration