**Bullying and Harassment Parent/Guardian or Teacher Reporting Form**

**Directions:** If you feel that your student has been bullied, please fill out the form below. If you need more space, attach another piece of paper. When you are done, turn this form into the front office of your student’s school. An administrator or counselor will contact you within two school days.

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| Your name |  | Relationship to student |  |

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| --- | --- | --- | --- | --- | --- |
| Student’s Name |  | Homeroom Teacher |  | Grade |  |

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| --- | --- | --- | --- |
| Your Phone Number | -     - | Your Email |  |

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| --- | --- | --- | --- |
| Today’s Date | /     / | When did the bullying occur? |  |

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| --- | --- |
| Please put an “x”one or both boxes: | |
|  | My student is being bullied |
|  | My student reported someone else being bullied |

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| Describe what you witnessed or what the student reported to you: |
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| Who was involved in the bullying? |
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| What did the student do? Was anyone with him or her? |
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| Were the student threatened in any way? |  | Yes |  | No |
| If yes, please explain what was said, written, typed, or texted. | | | | | |
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| --- | --- | --- |
| Parent/Guardian/Teacher signature |  | |
| *For signature confirmation, please enter your name as indicated in school records and email from the email account you have on file with NHCS.* | | |
| Date received in front office | /     / |

|  |  |
| --- | --- |
| Signature of personnel receiving form |  |

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| --- | --- |
| Date formal investigation initiated | /     / |