VERIFICATION OF PARENT OR GUARDIAN CONTACT REGARDING THREAT OR INCIDENT

I, [Name]	, principal or principal's designee, contacted		
[Name of parent or guardian]	on [Date	2]	and
notified him or her that [Name of studer	nt]	has made suicidal	threats
or was involved in an incident of bullying	g, hazing, abusive conduc	t, cyber-bullying, or	
retaliation. Contact was made:			
[] in person			
[] by telephone (number used:)		
[] by email (email address used:)		
[] by other method (specify):			
Notice was given of:			
[] suicide threat			
[] bullying incident			
[] cyber-bullying incident			
[] abusive conduct incident			
[] hazing incident			
[] retaliation incident			
[Name of school staff member]	, witnessed the contact.		
Principal or Principal's Designee	Title	Date	
School Staff Member	Title	Date	