

South Bend Community School Corporation School

OFFICIAL SCHOOL INTERVENTION REQUEST

This form is to be used by parents or legal guardians to report teasing, bullying or harassment which you believe is beyond the limits of normal student interaction, and which can reasonably and legally be stopped or prohibited by school authorities.

To be completed by parent or legal guardian:

Student Name _____ School _____ Grade ____

Parent/Guardian Name (print) _____ Sign _____

Address _____

Phone (home) _____ (work) _____ Date _____

Description of Incident(s) including names of students involved.
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To be completed by school:

Received by: _____ Position: _____ Date: _____
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Action:

Principal: _____ Date: _____

Notification: _____

If the problem identified in this report is not resolved and you believe additional intervention is required, send your copy of this report with a letter explaining the reason for additional investigation to Schools & Academic Programs, 215 S. St. Joseph Street, South Bend, IN 46601