Hartland School



Hartland Public Schools Report of Bullying/Consent to Release Student Information

Date:			-	
Name of Student:				
School:				
To Parent/Guardian:				
the victim of bullying.	In order to facilitate hools may wish to d	e a prompt and thore	child alleging that he/she ough investigation of the this complaint has been to	report,
(Please check one):				
			olic Schools to disclose the investigation of that comp	
that a complaint concer	OT give permission rning my child has b	for the Hafrtland Pupeen filed as part of	ablic Schools to disclose this investigation of that contact the second	the fact omplaint.
		Signature of Pare	nt/Guardian	Date
		Name (Please pri	nt)	