Gateway Regional Bullying/Harassment Contact LOG

Name of Student Target:			Name(s) of Alleged Aggressor(s):	
1)			1)	
			2)	
			3)	
CONTACT LOG				
Date/Time	Name	Relationship	Method	Notes
This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.				

Updated 4/25/11-CM