

Lincoln Primary School

Report a Concern

1. What is your concern (*i.e.*, student safety, bullying/harassment, drug issues, suicide)?

2. Your name (*not required*): _____

3. When and where did this happen?

4. Date of incident: _____

5. Time of incident: _____

6. Who was involved?

7. What happened?

8. Has this happened before? _____

Please submit this completed form to the school office.