

# Lincoln Primary School

## Report a Concern

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

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2. Your name (*not required*): \_\_\_\_\_

3. When and where did this happen?

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4. Date of incident: \_\_\_\_\_

5. Time of incident: \_\_\_\_\_

6. Who was involved?

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7. What happened?

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8. Has this happened before? \_\_\_\_\_

*Please submit this completed form to the school office.*