

**Anti-Bullying/Harassment Witness Disclosure Form**

Name of Witness: \_\_\_\_\_

Position of witness: \_\_\_\_\_

Date of testimony, interview: \_\_\_\_\_

Description of incident witnessed: \_\_\_\_\_

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Any other information: \_\_\_\_\_

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_