# Sample Witness Disclosure Form

Name of School/District: Click or tap here to enter text.

Name of Witness: Click or tap here to enter text.

Date of Interview: Click or tap to enter a date.

Date of Initial Complaint: Click or tap to enter a date.

Name of the Complainant: Click or tap here to enter text.

Date of Alleged Incident(s):

Click or tap here to enter text.

Description of Incident Witnessed:

Click or tap here to enter text.

Why do you think this incident may have been reported as bullying/harassment?

Click or tap here to enter text.

Have you seen and/or heard this happen before with the students?

Click or tap here to enter text.

Additional Information:

Click or tap here to enter text.

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

I agree that I will not discuss the investigation with anyone other than immediate family members, District administrators or the investigator.

I agree that I will not retaliate against any individual participating in this investigation.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_