

WITNESS DISCLOSURE FORM(Harassment or Bullying)

Name of Witness:	_____
Date of interview:	_____
Date of initial complaint:	_____
Name of Complainant (include whether the Complainant is a student or employee):	_____
Date and place of alleged incident(s):	_____ _____ _____

Description of incident witnessed: _____

Additional information: _____

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

Signature: _____ Date: _____

Revised: 08/11/2025

Reviewed: 08/11/2025