



**Educational Objectives**

**Policy Title: Anti-Bullying/Harassment Witness Disclosure Form  
Code 104.1-E2**

Name of witness: \_\_\_\_\_

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

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

Description of instance witnessed: \_\_\_\_\_

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

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

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

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

---