

Keep this on file until one year after all students involved are no longer students at Murray District

Witness Form - Bullying, Cyberbullying, Harassment, Hazing, or Retaliation

Confidential: Please do NOT share this information with Complainant or Respondent

Date of Interview: _____

Name of Witness: _____

Building/School of Witness: _____

Grade/Position of Witness: _____

Description of Incident: _____

[illegible]

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

Signature of Witness

Date

Disposition by Building Administrator of Witness (check one):

_____ Allegation supported _____ Allegation not supported _____

Inconclusive