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:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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