Code No. 104.E2

ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

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| Name of witness: | | | |  | | | | | | | | | | | | |
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| Position of witness: | | | | |  | | | | | | | | | | | |
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| Date of testimony, interview: | | | | | | | |  | | | | | | | | |
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| Description of incident witnessed: | | | | | | | | |  | | | | | | |
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| Any other information: | | | | | | | |  | | | | | | | | | |
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| I agree that all of the information on this form is accurate and true to the best of my knowledge. | | | | | | | | | | | | | |
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| Signature: | | | |  | | | | | | | | | |
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| Date: | | / / | | | |