Code No. 104.E2

ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

|  |  |
| --- | --- |
| Name of witness: |  |
|  |  |
| Position of witness: |  |
|  |  |
| Date of testimony, interview: |  |
|  |  |
| 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: |  |
|  |  |
| Date:  | / / |