



Dubuque Community School District
WITNESS Harassment, Bullying, and Discrimination Form

CONFIDENTIAL: Please do NOT share this form with Complainant/Reporter, Target, or Offender.

Date: _____

Name of **Witness**: _____

Building/School of Witness: _____

Grade/Position of Alleged Offender (if applicable): _____

Description of Incident: _____

Additional Comments or Information: _____

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

Signature of Witness

Date: ____/____/____

Signature of Interviewer (*if applicable*)

Date: ____/____/____