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.

________________________________________ Date:  ____/____/____

Signature of Witness

________________________________________ Date:  ___/ ___/______

Signature of Interviewer (if applicable)