

**Diocese of Davenport
Board of Education**

Series 400: Staff Personnel

Form 430.3

Anti-Harassment/Bullying Witness Disclosure Form (Policy Last Reviewed: November 20, 2025)

Policy Adopted: June 3, 2007

Policy Promulgated: October 17, 2019

Policy Revised: June 10, 2009; September 10, 2019; March 20, 2020; November 20, 2025

Policy Reviewed: May 17, 2010; December 2015; February 27, 2025

Witness Disclosure Form

Name of School/District: _____

Name of Witness: _____

Date of Interview: _____ Date of Initial Complaint: _____

Name of the Complainant: _____

Date of Alleged Incident(s): _____

Description of Incident Witnessed:

Why do you think this incident may have been reported as bullying/harassment?

Have you seen and/or heard this happen before with the students? _____

Additional Information: .

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

I agree that I will not discuss the investigation with anyone other than immediate family members, District administrators or the investigator.

I agree that I will not retaliate against any individual participating in this investigation.

Signature: _____ Date: _____

Printed Name: _____