

**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: \_\_\_\_\_