

SCHOOL / DEPARTMENT: _____

WITNESS INFORMATION:

Name: _____ Home Address: _____
Home/Mobile Phone: _____ Work Phone: _____ Email: _____

INCIDENT INFORMATION:

Date and time of incident(s): _____
Names of persons involved in incident(s): _____
Location of incident(s): _____
Names of witnesses: _____

Describe the incident(s) as clearly as possible, including what was said (threats, requests, demands, etc.), whether any physical contact occurred, and what force was used (attach additional pages if necessary):

Describe any situations where you have witnessed a hostile or unsafe environment in the school or workplace that has caused an adverse effect on students or employees (attach additional pages if necessary):

I hereby represent that the information provided herein is true, correct, and complete to the best of my knowledge.

Witness signature: _____ Date: _____

If the witness is unable or unwilling to complete and sign this form, provide the following information and sign below.

Name of person completing form: _____ Title: _____

Reason witness did not complete form: _____

Signature of person completing form: _____ Date: _____

Confidentiality

In order to protect the privacy interests of individuals and to ensure the integrity of the investigation, the complaint and investigation are confidential. You are hereby directed to refrain from speaking or disseminating relevant facts or information concerning this matter to others. Disciplinary action may be imposed for violation of this directive.

For School/District Use Only

Maintain original at School/Department of Human Resources/District Civil Rights Coordinator