

ABUSE OF STUDENTS BY SCHOOL DISTRICT EMPLOYEES
WITNESS DISCLOSURE FORM

Name of witness: _____

Position of witness: _____

Date of testimony, interview: _____

Description of instance witnessed: _____

Any other information: _____

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

Printed Name: _____

Signature: _____ Date: _____

Approved: 11/10/2015

Reviewed:

Revised: