

**BULLYING, DISCRIMINATION, AND HARASSMENT WITNESS STATEMENT FORM**

**Nebo School District maintains a firm policy prohibiting all forms of bullying, discrimination, and harassment**

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| **SCHOOL/DEPARTMENT:** | Enter school/department |  |
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| **WITNESS INFORMATION:** |  |  |
| Name: | Enter name | Home address: | Enter address |
| Home/cell phone: | Enter # | Work phone: | Enter # | Email: | Enter email |

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| **INCIDENT(S) INFORMATION:** |  |
| Date(s) / time(s) of alleged incident(s): | Enter dates and time |
| Name(s) of persons involved in incident(s): | Enter names |
| Location of incident(s): | Enter location |
| Name(s) of other witness(es): | Enter witnesses |

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| **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 incident |

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| **Describe any signs you have witnessed of a hostile work environment or other adverse effects on district employees (attach additional pages if necessary):** |
| Describe any signs or adverse effects |
| I hereby represent that the information provided herein is true, correct, and complete to the best of my knowledge.  |
| Signature: |  | Date: | Enter date |
|  |  |  |  |

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| 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: | Enter name | Title: | Enter title |
| Reason witness did not complete form: | Enter reason |
| Signature: |  | Date: | Enter date |

**Confidentiality**

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

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| **For District Use Only***Maintain original at District Office in Civil Rights Coordinator’s investigation file.* *Submit copy to Director of Human Resources.**If respondent is a student, submit copy to Coordinator of Student Services.* |