



BULLYING, DISCRIMINATION, AND HARASSMENT WITNESS STATEMENT FORM

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

SCHOOL/DEPARTMENT: _____

WITNESS INFORMATION:

Name: _____ Home address: _____
Home/cell phone: _____ Work phone: _____ Email: _____

INCIDENT(S) INFORMATION:

Date(s) / time(s) of alleged incident(s): _____
Name(s) of persons involved in incident(s): _____
Location of incident(s): _____
Name(s) of other witness(es): _____

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 signs you have witnessed of a hostile work environment or other adverse effects on district 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.

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: _____ 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.

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.