



**Student Civil Rights Harassment
Witness Statement**

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

SCHOOL: _____

WITNESS INFORMATION:

Name: _____ Home Address: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

INCIDENT(S) INFORMATION:

Date & time of alleged incident: _____

Names of persons involved in incidents: _____

Location of incident: _____

Names of other 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):

[Empty box for incident description]

Describe any signs you have witnessed of a hostile school environment or other adverse effects on the education of students (attach additional pages if necessary):

[Empty box for signs of hostile environment]

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 School Use Only
Maintain original at school in investigation file. Submit copy to Coordinator of Student Services