

**JUNCTION CITY SCHOOL DISTRICT
WITNESS DISCLOSURE FORM RE:
HARASSMENT / INTIMIDATION / MENACING / BULLYING /
CYBERBULLYING / TEEN DATING VIOLENCE / RETALIATION**
(To be completed by witness)

Name of Witness: _____

Date of Testimony/Interview: _____

Description of Incident Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge. *(Please note that false charges are regarded as a serious offense and may result in disciplinary action – Board Policy JFCF.)*

Signature: _____

Date: _____

Regulation Approved: **Kathleen Rodden-Nord**
Superintendent

February 25, 2013
Date