

<p>DIOCESE OF DES MOINES</p> <p>Catholic Schools Policies/Regulations</p>

STAFF PERSONNEL

HARASSMENT/BULLYING/HAZING WITNESS DISCLOSURE FORM

Name of Witness(es): _____

Position of Witness(es) (Student, Parent, Employee, Volunteer, Other – Please specify)

Description of incident witnessed: _____

Other relevant information: _____

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

Signature: _____ Date: _____
Investigator

Regulation Approved: January 21, 2008
Regulation Revised: May 21, 2012
Regulation Reviewed: June 5, 2019