

<p style="text-align: center;"><b>DIOCESE OF DES MOINES</b> <b>Catholic Schools Policies/Regulations</b></p>
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**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