



Bullying Witness Statement (Form B)

This form must be completed when there is a witness to an incident of alleged bullying. One form must be completed for each witness. All witness statements that relate to one incident should be attached to the Bullying or Harassment Reporting Form.

DATE OF INTERVIEW: _____

WITNESS NAME	WITNESS TITLE (ex. Parent, Student, or Teacher)
VICTIM NAME	
ACCUSED NAME	
PRINCIPAL/SCHOOL	INCIDENT DATE

Describe the location where the incident took place:

Description of incident witnessed:

Did you take any action to intervene? _____ If so, what did you do? _____

Have you witnessed any other bullying/harassing behavior towards the victim before? _____

If yes, was it by the accused or someone different? _____

List any other witness names and grades:

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

Signature of witness

Date

Name of person interviewing witness