${\tt BETTENDORF\ COMMUNITY\ SCHOOL\ DISTRICT} \qquad {\tt \bullet} \qquad {\tt BETTENDORF\ ,\ IA}$

Board Policy

Code No. 104.E2

ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

Name of witness:
Position of witness:
Date of testimony, interview:
Description of incident witnessed:
Any other information:
I agree that all of the information on this form is accurate and true to the best of my knowledge.
Signature: Date:

Approved: August 6, 2007

Reapproved: April 18, 2011