



Dublin City School District

# Harassment Witness Investigation Form

Professional Staff
3362 F2
Classified Staff
4362 F2
Students
5517 F2
Revised 5/24/07
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- This form is to be used by the Investigator when interviewing witnesses to the alleged harassment.
- The witness must sign below before the interview takes place.

Date: \_\_\_\_\_

Name of person completing form	Position
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Name of witness	Position
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Persons present at interview	Position
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	Position
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	Position
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**Witness's statement of what he/she witnessed:**

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**Confidentiality**

I understand that the district will respect my request for maintaining the confidentiality of my name, the name of the person(s) accused of the harassment, and any names of potential witnesses, to the extent possible consistent with the district’s legal obligation and necessity of investigating the allegation(s). Confidentiality, however, cannot be guaranteed. I understand and acknowledge that my demand for confidentiality, while respected by the district, may impede the investigation. I also understand that if the alleged victim is a student who is under 18 and/or is disabled, and the alleged harassment has the appearance of potential sexual abuse which gives rise to reasonable cause to suspect that this student has suffered or faces a threat of suffering abuse, the district is under a statutory obligation to report the incident(s) to Children’s Services and/or other appropriate governmental authorities. I understand if I am under eighteen (18) years old, my parents may be contacted about this matter. I also understand that while this charge is under investigation, no information is to be released by me (or any other witnesses contacted by the district) to anyone who is not involved with the investigation, except as may be required by law or in the context of a legal or administrative proceeding. *No one involved is to discuss the subject outside of the investigation.*

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_