



BULLYING, DISCRIMINATION, AND HARASSMENT WITNESS STATEMENT FORM

Canyons School District maintains a firm policy prohibiting all forms of bullying, discrimination, or harassment

Witness: _____ Home Address: _____
Home/Cell Phone: _____ Work Phone: _____ Email: _____
Date(s) / Time(s) of incident(s): _____
Name(s) of persons involved in incident(s): _____
Location of incident(s): _____
Name(s) of other witness(es): _____

Describe the incident(s) as clearly as possible, including what was said (threats, requests, demands, etc.), whether any physical contact occurred, and what force was used (attach additional pages if necessary):

Describe any signs you have witnessed of a hostile work environment or other adverse effects on the employment of others (attach additional pages if necessary):

- I have the right to be free of retaliation for providing this statement. I agree to report, immediately, any conduct that I believe is motivated by retaliation for providing this statement.
- I hereby represent that the information provided herein is true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____

Information for Persons Providing a Witness Statement

Confidentiality

In order to protect the privacy interests of individuals and to ensure the integrity of the investigation, this complaint and investigation are confidential. Those with a need to know may have access to the information contained in your statement. You are hereby directed to refrain from speaking of or disseminating relevant facts or information concerning this matter to others. Disciplinary action may be imposed for violation of this directive.