

WITNESS DISCLOSURE FORM

Name of witness:

Position of witness:

Date of testimony, interview:

Regarding complainant:

Description of instance witnessed: _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge. I realize that if I break confidentiality or fail to truthfully and accurately disclose information, I may be subject to discipline, up to and including, discharge. I shall keep all knowledge of this incident and investigation confidential.

Signature: _____ Date: _____

Form 405.0812

MAQUOKETA VALLEY COMMUNITY SCHOOL DISTRICT
DELHI, IOWA 52223