

**Multnomah Education
Service District**

Code: **GBN/JBA-AR(3)**
Revised/Reviewed: 8/14/13

MESD Witness Disclosure Reporting Form

Date of testimony/interview: ____ / ____ / ____

Name of witness: _____

- Employee: _____ (Position)
- Student: _____ (Program/School)
- Other: _____

Date and place of incident or incidents: ____ / ____ / ____ Location: _____

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: ____ / ____ / ____