

**PARK COUNTY SCHOOL DISTRICT #6
BOARD OF EDUCATION POLICY**

Code: ACA-E-2

WITNESS DISCLOSURE FORM

Name of witness: _____

Position/Grade 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: _____

Adopted: 11/15/05
Revised: 8/18/20