

NW BOCES Witness Disclosure Form

Name of Witness: \_\_\_\_\_

Position/Grade of witness: \_\_\_\_\_

Date of Testimony, Interview: \_\_\_\_\_

Description of Incident witnessed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

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