

**BULLYING**

**WITNESS DECLARATION**

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

I, \_\_\_\_\_, declare the following:  
(first and last name)

I observed \_\_\_\_\_ (subject's name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ I will testify.

\_\_\_ I do not wish to testify because I have a legitimate fear that I would risk suffering psychological or physical harm if I were required to testify.

I do not wish to testify because (be specific):

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the foregoing statement is true and correct.

Dated: \_\_\_\_\_

Signature of Witness