**Students** E(3) 5131.2

## **BULLYING**

## WITNESS DECLARATION

ate of Incident:	_
ime of Incident:	_
ocation of Incident:	_
, declare the following (first and last name)	;• •
observed(subject's name	)
	<del>-</del> -
	-
	-
	-
_ I will testify.	
I do not wish to testify because I have a legitimate fear that I would risk suffer psychological or physical harm if I were required to testify.	ring
do not wish to testify because (be specific):	
	-
declare under penalty of perjury that the foregoing statement is true and correct.	
Dated:	_
ignature of Witness	

S

Exhibit

SAN DIEGO UNIFIED SCHOOL DISTRICT

on: July 25, 2017 San Diego, California

version: July 25, 2017 Effective: October 1, 2017