

**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: \_\_\_\_\_

First Reading: 9-14-20  
Second Reading: 10-5-20