

WITNESS DISCLOSURE FORM

Name of Witness: _____ Date of Interview: _____

Date of initial complaint: _____

Name of complainant (include whether the complainant is a student or employee):
_____Date and place of alleged incident(s): _____

Nature of discrimination, harassment, or bullying alleged (check all that apply):

| | | |
|--|----------------------------|---------------------------|
| Age | Physical Attribute | Sex |
| Disability | Physical/Mental Ability | Sexual Orientation |
| Familial Status | Political Belief | Socio-economic Background |
| Gender Identity | Political Party Preference | Other - Please Specify: |
| Marital Status | Race/Color | |
| National Origin/Ethnic Background/Ancestry | Religion/Creed | |

Description of incident witnessed: _____

_____Additional information: _____

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

Signature: _____ Date: _____

*Adopted: 12/13/10

*Reviewed: 05/14/12

*Revised: 02/8/16

*Revised: 04/04/16

*Reviewed: 02/08/21