

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 incidents(s): _____

Nature of discrimination alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	National Origin/Ethnic	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Background/Ancestry	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>		<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	

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: 4/3/25