

**WITNESS DISCLOSURE FORM FOR ALLEGATIONS OF
BULLYING/HARASSMENT AND/OR DISCRIMINATION
FOR USE WITH POLICIES 103.1, 109.0, 402.4, 403.51, 503.3**

Please fill out the following if you are named a witness to an alleged incident of harassment and/or discrimination.

Name of witness: _____

Address of witness: _____

Position of witness (if employee): _____

Date of testimony/interview: _____

Description of the incident witnessed: _____

Any other information: _____

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

Signature: _____ Date: _____

ADOPTED: 3/99
6/9/00
11/13/00
7/9/07
5/1/08

Reviewed: 6/3/04, 11/9/06, 7/9/07, 5/1/08, 2/3/11, 2/7/19