

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): _____

Description of incident(s) 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: _____