WITNESS DISCLOSURE FORM FOR ALLEGATIONS OF HARASSMENT AND/OR DISCRIMINATION
FOR USE WITH POLICIES 103.1, 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: __________________

Cross Ref.: 103.1 Anti-Bullying/Harassment Policy for Students and Adults
402.4 Equal Employment Opportunity/Affirmative Action Policy
403.51 Resolution Of Employee Complaints
503.3 Student Grievance Policy

ADOPTED: 11/13/00
Reviewed: 6/3/04, 5/1/08, 12/2/10, 2/4/16