



Educational Objectives

**Policy Title: Anti-Bullying/Harassment Witness Disclosure Form
Code 104.1-E2**

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Date of Initial Complaint: _____

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

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical or Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socioeconomic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please specify below
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

Description of instance witnessed (include date and place of incident): _____

Any other information: _____

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

Signature: _____ Date: _____
