



Policy Title: Witness Disclosure Form
Code 105.1-E5

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 Incident(s): \_\_\_\_\_

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

Table with 4 columns: Age, Physical Attribute, Sex, Disability, Physical or Mental Ability, Sexual Orientation, Familial Status, Political Belief, Socio-economic Background, Gender Identity, Political Party Preference, Other - Please specify below, Marital Status, Race/Color, National Origin/Ethnic Background/Ancestry, Religion/Creed

Description of incident witnessed: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Additional information: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_