



Educational Objectives

**Policy Title: Discrimination/Anti-Bullying/Anti-Harassment
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):

<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 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: _____
