

**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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

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