

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: _____