

**WITNESS DISCLOSURE FORM FOR ALLEGATIONS OF
HARASSMENT AND/OR DISCRIMINATION
FOR USE WITH POLICIES 103.1, 109.0, 402.4, 403.51, 503.3**

Please fill out the following if you are named a witness to an alleged incident of harassment and/or discrimination.

Name of witness: _____

Address of witness: _____

Position of witness (if employee): _____

Date of testimony/interview: _____

Description of the incident witnessed: _____

Any other information: _____

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

Signature: _____ Date: _____

Cross Ref.: 103.1 Anti-Bullying/Harassment Policy for Students and Adults
109.0 Complaints by Citizens
402.4 Equal Employment Opportunity/Affirmative Action Policy
403.51 Resolution Of Employee Complaints
503.3 Student Grievance Policy

ADOPTED: 11/13/00
9/4/03

Reviewed: 6/3/04, 11/9/06, 7/9/07, 5/1/08, 5/3/12, 2/4/16

EXHIBIT