

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 incident(s): _____

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

- | | | |
|--|----------------------------|---------------------------|
| Age | Physical Attribute | Sex |
| Disability | Physical/Mental Ability | Sexual Orientation |
| Familial Status | Political Belief | Socio-economic Background |
| Gender Identity | Political Party Preference | Other – Please Specify: |
| Marital Status | Race/Color | |
| National Origin/Ethnic Background/Ancestry | 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: _____

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

ADOPTED: 11/13/00

Reviewed: 6/3/04, 5/1/08, 12/2/10, 2/4/16, 1/6/22