

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):

| | | | | | |
|--------------------------|--|--------------------------|----------------------------|--------------------------|---------------------------|
| <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"/> | 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: _____

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
9/4/03
6/3/04

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