

**WITNESS DISCLOSURE FORM FOR ALLEGATIONS OF  
HARASSMENT AND/OR DISCRIMINATION  
FOR USE WITH POLICIES 103.1, 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: \_\_\_\_\_

Position (if employee): \_\_\_\_\_

ADOPTED: 11/13/00

Reviewed: 6/3/04, 5/1/08, 2/3/11, 4/7/16, 5/2/19