

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: _____