

WITNESS DISCLOSURE FORM

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|---|--|
| Name of Witness: | |
| Date of interview: | |
| Date of initial complaint: | |
| Name of Complainant (include whether the Complainant is a student or employee): | |
| Contact information of witness: | |
| Date and place of alleged incident: | |

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"/> | |
| <input type="checkbox"/> | National Origin/Ethnic Background/Ancestry | <input type="checkbox"/> | Religion/Creed | <input type="checkbox"/> | |

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: _____