Code No. 104.E2

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: _____