

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 alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex	<input type="checkbox"/>	
<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic Background	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<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: _____