

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): _____

Description of incident(s) 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: _____