

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	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Color	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Actual or potential parental, family or marital status	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Pregnancy or related conditions	<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: \_\_\_\_\_