

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):

| | | | | | |
|--------------------------|--|--------------------------|----------------------------|--------------------------|---------------------------|
| <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: _____

Adopted: 08/13/2007
Reviewed: 11/12/2007; 03/12/2012; 10/26/2020
Revised: 12/10/2007; 04/09/2012; 10/26/2020