

## WITNESS DISCLOSURE FORM

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| Name of Witness:                                                                         |  |
| Date of interview:                                                                       |  |
| Date of initial complaint:                                                               |  |
| Name of Complainant<br>(include whether the<br>Complainant is a student<br>or employee): |  |
| Date and place of alleged<br>incident(s):                                                |  |

Nature of discrimination alleged (check all that apply):

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

Description of incident witnessed: \_\_\_\_\_

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Additional information: \_\_\_\_\_

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_