

WITNESS DISCLOSURE FORM

Name of witness:

Date of interview:

Date of initial complaint:

Name of complainant (include whether complainant is employee or student:

Date, time 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"/>	Race / Color
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical / Mental Ability	<input type="checkbox"/>	Religion / Creed
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Sexual Orientation
<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"/>	Other – Please Specify:				

Description of incident witnessed:

Additional information:

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

Signature: _____

Date: _____