

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		Physical Attribute		Race / Color
Age		Physical / Mental Ability		Religion / Creed
Disability		Political Belief		Sex
Familial Status		Political Party Preference		Sexual Orientation
Marital Status		Socio-economic background		
National Origin / Ethnic Background / Ancestry				
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: _____

REVIEWED: 11/18/2024 – APPROVED 12/02/2024

REVIEWED: 03/24/2025