## 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 (check all	that apply):	
Age	That apply).	Sex
Disability		Sexual Orientation
Distolity		Socio-economic Background
		Socio economic Background
Religion/Creed		
Marital Status	Race/Color	•
National Origin/Ethnic Background/Ancestry		
Description of incident witnessed:		
Additional information:		
Additional information:  I agree that all of the information o		