PLEASANTVILLE COMMUNITY SCHOOL

Educational Philosophy

Policy Title **Witness Disclosure Form** Code #**102.E5**

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 alleged (check all that apply):

	Age		Race/Color
	Disability		Sex
	Religion/Creed		Sexual Orientation
	Marital Status		Socio-economic Background
	National Origin/Ethnic Background/Ancestry		

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: _____

Date of Adoption/Revision

1 - 10/13/20

2 - 12/12/23

3 - 07/08/25