

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):

<i>Nature of discrimination-alleged (check all that apply):</i>	
Race	Religion
Color	Sexual Orientation
National Origin	Age
Sex	Actual or potential parental, family, or marital status
Disability	Pregnancy or Related Conditions
Creed	

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: _____