

## 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 alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Race/Color
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	

Description of incident witnessed: \_\_\_\_\_

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Additional information: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_