Code No. 102.E5

# 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):

| | | | |
|---|---|---|---|
| | 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: _____