

WITNESS DISCLOSURE FORM(discrimination)

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"/>	Race	<input type="checkbox"/>	Regilion
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Age
<input type="checkbox"/>	Sex	<input type="checkbox"/>	Actual or potential parental, family or marital status
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Pregnancy or related conditions
<input type="checkbox"/>	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: _____

Adopted: 11/19/2007

Revised: 05/12/2026

Reviewed: 05/12/2026