

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

Description of incident witnessed:

Additional information:

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

Signature: _____

Date: _____

Approved: May 13, 2014**Reviewed:** June 16, 2025**Revised:** June 16, 2025