

WITNESS DISCLOSURE FORM

Name of Witness: _____

Date of Interview: _____

Name of Complainant: _____

Is the Complainant a student or employee?: _____

Date and place of alleged incident: _____

Nature of discrimination alleged (check all that apply):

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

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: _____