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, harassment, or bullying alleged (check all that apply):

<table>
<thead>
<tr>
<th>Age</th>
<th>Physical Attribute</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Physical/Mental Ability</td>
<td>Sexual Orientation</td>
</tr>
<tr>
<td>Familial Status</td>
<td>Political Belief</td>
<td>Socio-economic Background</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Political Party Preference</td>
<td>Other – Please Specify:</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Race/Color</td>
<td></td>
</tr>
<tr>
<td>National Origin/Ethnic Background/Ancestry</td>
<td>Religion/Creed</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________