

ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

WITNESS DISCLOSURE FORM

Name of Witness: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Name of Complainant ( include whether the Complainant is a student or employee): \_\_\_\_\_

Date and place of alleged incident (s): \_\_\_\_\_

Please circle the nature of discrimination, harassment, or bullying alleged (circle all that apply)

|  |                            |                           |
|--|----------------------------|---------------------------|
| Age  | Physical Attribute         | Sex                       |
| Disability                                   | Physical/ Mental Ability   | Sexual Orientation        |
| Familial Status                              | Political Belief           | Socio-economic Background |
| Gender Identity                              | Political Party Preference | Other-Please Specify      |
| Marital Status                               | Race/Color                 |                           |
| National origin/ Ethnic Background/ Ancestry | Religion/Creed             |                           |

Description if incident witnessed:

\_\_\_\_\_  
\_\_\_\_\_

Additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: August 20, 2007

Reviewed: December 18, 2017

Revised: September 20, 2021