

STAFF PERSONNEL

Series 400

POLICY TITLE WITNESS DISCLOSURE FORM

No. 401.1E2

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):

<input type="checkbox"/>	Age	<input type="checkbox"/>	National Origin
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Race
<input type="checkbox"/>	Color	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Other-Please Specify:

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: \_\_\_\_\_

Submit to: Human Resource Department

Date Approved: October 9, 2017