

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): _____

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: _____

Adopted: 08/13/2007
Reviewed: 09/08/2025
Revised: 09/08/2025