Code No. 104.E2

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(s)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: _____