

## WITNESS DISCLOSURE FORM

Name of Witness:

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Date of interview:

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Date of initial complaint:

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

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Date and place of alleged incident(s):

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Description of incident(s) witnessed:

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Additional information: 

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

Signature: 

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Date: 

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