

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):	

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Sex	<input type="checkbox"/>	
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic Background	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Race/Color	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>		<input type="checkbox"/>	

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: _____

Approved _____ Reviewed 09/11/17 Revised 08/08/16
04/08/19 05/12/25
05/13/24

TREYNOR COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS