

EDUCATIONAL PHILOSOPHY

Series 100

EXHIBIT WITNESS DISCLOSURE FORM

No. 102.E5

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"/>	Color	<input type="checkbox"/>	Race
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic Status
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Age	<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: \_\_\_\_\_

Submit to: Associate Superintendent

Date Approved: June 27, 2016

Last Date Reviewed: March 8, 2021

Last Date Revised: March 8, 2021