

EDUCATIONAL PHILOSOPHY

Series 100

EXHIBIT WITNESS DISCLOSURE FORM

No. 104.E2

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):

Age (actual or perceived)	Marital Status	Race
Ancestry	National Origin	Religion
Color	Physical Attribute	Sex
Creed	Physical/Mental Ability or Disability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Status
Gender Identity	Political Party Preference	Other – Please Specify:

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