

Sexual Harassment Witness Disclosure Form

Date_____

Name of Witness_____

Check one: ___Employee OR ___Student

Date of Testimony Interview_____

Description of Instance of Alleged Sexual Harassment Witnessed:

Any other information

By my signature below, I swear and affirm that all the information on this form is accurate and true to the best of my knowledge.

Signature_____ Date_____

Adopted: April 6, 2020