

# DISCRIMINATION WITNESS FORM

Students, employees, volunteers, and others may possess information relevant to making a determination of responsibility for a complaint of discrimination. However, no individual can be forced to participate in an investigation, nor may the district retaliate against any individual for participating in or refusing to participate in an investigation.

A witness may complete this form. If it is not developmentally appropriate for a student to complete this form, the investigator may interview the student and complete the form based on the student's responses.

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## **PERSONAL INFORMATION**

Case Number: \_\_\_\_\_

Witness's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Student ID: \_\_\_\_\_ Campus: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee's School/Office Location: \_\_\_\_\_

## **TYPE OF COMPLAINT**

Discrimination based on: (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sex Discrimination             |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Dating Violence                |
| <input type="checkbox"/> Disability      | <input type="checkbox"/> Domestic Violence              |
| <input type="checkbox"/> Religion        | <input type="checkbox"/> Sexual Assault                 |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Stalking                       |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Sex Characteristics            |
| <input type="checkbox"/> Retaliation     | <input type="checkbox"/> Sex Stereotypes                |
| <input type="checkbox"/> Other           | <input type="checkbox"/> Pregnancy                      |
|  | <input type="checkbox"/> Hostile Environment Harassment |
|  | <input type="checkbox"/> Quid Pro Quo Harassment        |
|  | <input type="checkbox"/> Gender Identity                |
|  | <input type="checkbox"/> Sexual Orientation             |

If other: \_\_\_\_\_

## **DATE INCIDENT OCCURRED**

Earliest: \_\_\_\_\_ Latest: \_\_\_\_\_

Continuing Action



**Does any recording or physical record of this incident exist in your possession?**    Yes    No

**Have you spoken to anyone else about what you witnessed?** (If yes, fill in below)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe what you witnessed, where, and when. If you did not witness the incident, describe what you were told and when. (Identify: Who, What, When, and Where)

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Please attach additional sheets, if necessary.

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*I certify the aforementioned is true and correct.*

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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Statement taken by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

