

Name of Witness: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Name of Complainant (Employee or Student): \_\_\_\_\_

Date and place of alleged incident: \_\_\_\_\_

Description of incident witnessed:

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(Attach additional sheets if necessary)

Additional Information:

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Approved: 7/25/05

Revised: 5/18/26

Reviewed: 12/22/08; 10/22/12; 11/24/14; 9/21/20