

Name of Witness: _____

Date of Interview: _____

Name of Complainant (Employee or Student): _____

Date and place of alleged incident: _____

Description of incident witnessed:

(Attach additional sheets if necessary)

Additional Information:

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

Signature: _____

Date: _____

Approved: 7/25/05

Revised: 5/18/26

Reviewed: 12/22/08; 10/22/12; 11/24/14; 9/21/20; 6/22/26