

DISCRIMINATION/HARASSMENT
WITNESS STATEMENT

Date of Interview: _____

Interviewer: _____

Name of Person Giving Statement: _____

Position and Building of Witness: _____

Home Address: _____

Home Telephone: (____) _____

Statement: (Include dates, places and persons involved if known.)

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

Signature: _____

Name Printed: _____

Date: _____

Revised: 08/27/07

Reviewed: 04/25/16

09/24/18

08/07/23