

STUDENT DISCRIMINATION WITNESS STATEMENT

**NO. 500.1R1
EXHIBIT B**

Date of Interview: _____

Interviewer: _____

Name of Person Giving Statement: _____

Position and Building of Witness: _____

Home Address: _____

Home Telephone: _____

Email Address: _____

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: _____

Form Revised: 12/09/2013

Reviewed: 07/18/16
11/15/21