

STUDENT DISCRIMINATION, HARASSMENT OR BULLYING  
WITNESS STATEMENT

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

Interviewer: \_\_\_\_\_

Name of Person Giving Statement: \_\_\_\_\_

Name of Complainant (designate if Complainant is a student or an employee): \_\_\_\_\_

Nature of discrimination, harassment or bullying alleged by Complainant: \_\_\_\_\_

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: \_\_\_\_\_

Date of Last Review: October 14, 2019

Form Revised: December 14, 2015