

Exhibit 102-E(5): Equal Educational Opportunity - Witness Disclosure Form

Status: ADOPTED

Original Adopted Date: 09/01/2020 | **Last Revised Date:** 06/10/2025 | **Last Reviewed Date:** 06/10/2025

See PDF on the next page.

WITNESS DISCLOSURE FORM

Name of Witness:

Date of interview:

Date of initial complaint:

Name of Complainant (include whether the Complainant is a student or employee):

Date and place of alleged incident(s):

Nature of discrimination, alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Sex	<input type="checkbox"/>	
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	
<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	Socio-economic Background	<input type="checkbox"/>	
<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancentry	<input type="checkbox"/>		<input type="checkbox"/>	

Description of incident witnessed:

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: June 2025

Reviewed: June 2025

Revised : June 2025