

**PANORAMA COMMUNITY SCHOOL DISTRICT**

**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, harassment, or bullying alleged (check all that apply):

|                          |  |                          |                            |                          |                           |
|--------------------------|--|--------------------------|----------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Age  | <input type="checkbox"/> | Physical Attribute         | <input type="checkbox"/> | Sex                       |
| <input type="checkbox"/> | Disability                                 | <input type="checkbox"/> | Physical/Mental Ability    | <input type="checkbox"/> | Sexual Orientation        |
| <input type="checkbox"/> | Familial Status                            | <input type="checkbox"/> | Political Belief           | <input type="checkbox"/> | Socio-economic Background |
| <input type="checkbox"/> | Gender Identity                            | <input type="checkbox"/> | Political Party Preference | <input type="checkbox"/> | Other – Please Specify:   |
| <input type="checkbox"/> | Marital Status                             | <input type="checkbox"/> | Race/Color                 |                          |                           |
| <input type="checkbox"/> | National Origin/Ethnic Background/Ancestry | <input type="checkbox"/> | Religion/Creed             |                          |                           |

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: \_\_\_\_\_