

General Personnel

Exhibit – Sexual Harassment Witness Disclosure Form

Name of Witness: _____

Position of Witness: _____

Date of Testimony/
Interview: _____

Description of
Instance Witnessed: _____

Any Other
Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge:

Signature: _____

Date: _____

Adopted: 9/14/93
Revised: 8/22/95, 9/26/95, 2/11/97
Reviewed: 2/10/98, 7/27/99, 6/11/02, 9/11/07