

SAMPLE WITNESS STATEMENT FORM

NAME: _____

ID #: _____

DEPARTMENT: _____

JOB TITLE: _____

LENGTH OF TIME KNOWN COMPLAINANT: _____

RESPONDENT: _____

INDIVIDUAL(S) WHO ALLEGEDLY COMMITTED HARASSMENT:

IDENTITIES OF OTHER PERSONS WITH KNOWLEDGE OF FACTS RELEVANT TO THIS INVESTIGATION:

ANY OTHER INFORMATION WHICH SHOULD BE CONSIDERED IN EVALUATING THE VALIDITY OF THE COMPLIANT IN THIS CASE:

ACKNOWLEDGMENT

I, _____, AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I ACKNOWLEDGE THAT THIS INVESTIGATION IS CONFIDENTIAL AND THAT I AM NOT TO DISCLOSE INFORMATION OBTAINED BY ME DURING THE COURSE OF THIS INVESTIGATION. I UNDERSTAND THAT UNAUTHORIZED DISCLOSURES COULD RESULT IN DISCIPLINARY ACTIONS UP TO AND INCLUDING DISCHARGE.

BY: _____

DATE: _____