

**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 COMPLAINT 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:** \_\_\_\_\_