

Section 400 – Personnel
Employee Health and Well-Being
Witness Disclosure Form

File: 404.06 – E2

Name of witness: _____

Position of witness: _____

Date of testimony, interview: _____

Description of instance witnessed: _____

Any other information: _____

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

Signature: _____

Date: _____