

OFFICE OF EQUAL EMPLOYMENT SERVICES

Name: \_\_\_\_\_ Case No. \_\_\_\_\_

**WITNESS IDENTIFICATION LIST**

Please complete for any person(s) that you feel may have important information about your complaint and that you want this office to interview. Provide a brief statement concerning what information you believe this witness can provide (you may attach additional sheets). **Please return this form within three days.**

(1) Witness Name: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

BRIEF STATEMENT:

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(2) Witness Name: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

BRIEF STATEMENT:

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(3) Witness Name: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

BRIEF STATEMENT:

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