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:
   __________________________________________
   __________________________________________
   __________________________________________

(2) Witness Name: __________________________
   Home Phone #: ( __ ) __________
   Work Phone #: ( __ ) __________
   BRIEF STATEMENT:
   __________________________________________
   __________________________________________
   __________________________________________

(3) Witness Name: __________________________
   Home Phone #: ( __ ) __________
   Work Phone #: ( __ ) __________
   BRIEF STATEMENT:
   __________________________________________
   __________________________________________
   __________________________________________