



Commonwealth of Virginia
Department of Human Resource Management
Office of Workforce Engagement
COMPLAINANT WITNESS IDENTIFICATION FORM

Please list any person(s) who you feel may have pertinent information regarding your complaint. Briefly explain the acts of discrimination and the protected categories for which your witness can attest to on your behalf. You may attach additional sheets as needed.

1.	Witness Name	
	Email address	
	Phone	
	Brief Statement	
		Witness has provided me consent to participate in an investigation on my behalf
2.	Witness Name	
	Email address	
	Phone	
	Brief Statement	
		Witness has provided me consent to participate in an investigation on my behalf
3.	Witness Name	
	Email address	
	Phone	
	Brief Statement	
		Witness has provided me consent to participate in an investigation on my behalf

4.	Witness Name	
	Email address	
	Phone	
	Brief Statement	
		Witness has provided me consent to participate in an investigation on my behalf