

STUDENT WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION

FFH
(EXHIBIT)

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(EXHIBIT)

Phone Number: _____ Email: _____

2. Name: _____ School/Department: _____

Phone Number: _____ Email: _____

3. Name: _____ School/Department: _____

Phone Number: _____ Email: _____

**Did the Reporter or alleged Complainant discuss the incident with any witnesses
previously identified?**

(Select one)