HUMAN RIGHTS BUREA
WITNESS STATEMENT FORM

_____vs. _____
Charging Party *Respondent*
Case No. _____

To the Party: 1) Fill in the above case information 2) Make as many copies of this form as you need. 3) Give one copy of the form to each of your witnesses, describe the specific nature and allegations of the complaint, and ask them to provide any and all information which they feel is relevant to the truth or falsity of those allegations.

To the witness: A party to the above referenced case has identified you as an individual with knowledge about the events underlying the complaint. Please complete the following information, using additional sheets if necessary. Then sign and date the form and return it either to the party requesting the statement or to the Human Rights Bureau, PO Box 1728, Helena MT 59624.

Name of Witness: _____Phone:_____
Address:_____
Street Address/PO Box City State Zip
Name of Party Requesting Statement:_____
Title of Witness:_____ Relationship to Party:_____

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1. Please state any and all information you can provide specifically concerning the allegations of discrimination made in this case:

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2. Do you know anyone in a similar situation as the charging party who has been treated the same or differently by the Respondent? Yes____ No ____ If so, please state their name, address and telephone number and describe the situation:

3. Do you know anyone who has been discriminated against by the respondent on the same bass as that alleged by the charging party? Yes_____ No_____ If so, Please state their name, address and telephone number and describe the situation:

Signature

Date