City of Detroit

Human Rights Department

Executive Order # 2014-1

Witness Form

Your Name:

Your Complete Home Address:

Department, Department Head & Division:

Classification:

Telephone:

Supervisor Name & Telephone:

Describe in detail (be specific) the Violence in the Workplace incident. Include date, time & location of incident.

List all employees that were present:

Date of Incident:

Time of Incident:

Location of Incident:

What Occurred:

Signature **Date**

mail, email or fax to the Human Rights Department, 2 Woodward Ave., Coleman A. Young Municipal Ctr., Ste 1240, Detroit 48226
Phone: (313) 224-ZERO [9376], (313) 224-4950, (313) 224-2942
Facsimile: (313) 224-3434 - Email: humanrightscomplaints@detroitmi.gov