WITNESS STATEMENT

Information of the person completing the form:

Name (last, first) __________________________________________

Are you?  □ Student, ID# ________  □ Parent  □ Staff (position) _____________

Your involvement?  □ I’m the victim  □ I’m the accused  □ I’m a witness
       □ I helped deal with the incident

Please include the following information, where applicable, regarding the incident:

1. Note the date and time of the incident.
2. Describe the location where the incident took place.
3. Describe, in the order of events, what you experienced, heard or witnessed.
4. Describe how you were involved in the incident.
5. Note any physical injuries.
6. List any other witness names and/or physical descriptions.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I declare under penalty of perjury that the information provided on this form is accurate and true.

Signature of Witness ___________________________ Date ______________

Name of person receiving the statement __________________________________________