

STUDENT-WITNESS INTERVIEW FORM

Student Name: _____ Grade: _____
Campus: _____ Date of Alleged Incident: _____

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Completion of this form is necessary for interviewing students during an investigation.

GENERAL INFORMATION

Please complete this information prior to conducting the interview.

Date of interview	Time of interview	
Name of person being interviewed		
Grade of person being interviewed	Home campus	
Was the interview recorded?		
Did the witness submit an additional written statement? (If so, please attach.)	Yes ☐	No ☐
Are there video surveillance tapes to view?	Yes ☐	No ☐
Is the student being interviewed in special education?	Yes ☐	No ☐
Were parents notified the student was interviewed?	Yes ☐	No ☐
Did the person being interviewed have firsthand knowledge of the allegations being investigated?	Yes ☐	No ☐

List the names of all additional witnesses revealed in this interview.

Date	Time	Location	Weather	Wind	Temp	Humidity	Pressure	Visibility	Clouds	Precip	Remarks

Describe the conduct that is being investigated and any information the student provided.

Completed by:

Print Name

Print Title

Date

Signature of Person Completing Report