INCIDENT/WITNESS STATEMENT

Please use a pen when completing this form. Thank you.

Information of the person completing the form:

Name (last, first) _____ Grade _____

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 the 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.

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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_____

Signature of Administrator _____ Date_____