

VISALIA UNIFIED SCHOOL DISTRICT
INCIDENT FORM



I _____ declare as follows:
(Print Name)

1. I am a _____ at _____
(Student or employee) (Name of school)

2. I have personal knowledge of the facts stated in this declaration, and if necessary, I am capable and competent to testify to those facts.

3. On _____ (date of incident), I witnessed the following incident: *(describe the incident in detail, when, who, where, what, why, using names, dates, times and places). Use backside of form necessary.*

4. *(If a student witness has reason to be fearful of testifying) I do not wish to testify at a hearing concerning the above described incident nor to have my identity as a witness disclosed, because I feel it would subject me to an unreasonable risk of harm for the following reasons (s).*

I have written or read the foregoing statement and declare under penalty or perjury that it is true and correct.

Executed this _____ day of _____ 20____ at (city) _____, California
(Day) (Month) (Year)

Signature of witness: _____
(Your signature)

Declaration witnessed by: _____
(Administrator you reported it to)