

Bullying Witness Statement

This form may be completed when there is a witness to an incident of alleged bullying. One form must be completed for each witness.

Interview Date: _____

Witness Name: _____ Title: Parent Student Teacher Other _____

Victim Name(s): _____

Accused Name(s) _____

Describe the location where the incident took place: _____

Description of incident witnessed:

List any other witnesses, if known: _____

List evidence of bullying (i.e. letters, photos, etc. Attach evidence, if possible):

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of witness

Date

Name and title of person receiving witness form

Date