

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 by explaining When, Who, Where, What and Why). Use backside of form if 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 that it would subject me to an unreasonable risk of harm for the following reason (s):

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

Executed this _____ day of _____, 20__ at Visalia, California.
(# of day) (month) (year)

Signature of witness: _____

Declaration witnessed by _____