

STUDENT-WITNESS INTERVIEW FORM

Student Name: _____ **Grade:** _____

Campus: _____ **Date of Alleged Incident:** _____

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 <input type="checkbox"/>	No <input type="checkbox"/>	
Are there video surveillance tapes to view?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the student being interviewed in special education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were parents notified the student was interviewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did the person being interviewed have firsthand knowledge of the allegations being investigated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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

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