SMCPS INCIDENT STATEMENT FORM

INFORMATION ABOUT THE PERSON PROVIDING THE STATEMENT	
Name:	**Grade:**
School Name:	

INFORMATION ABOUT THE INCIDENT		
Date of Incident:	**Time of Incident:**	**Location of Incident:**

STATEMENT

Provide a comprehensive account of the incident from your perspective. Include specific details, observations, and any relevant interactions with other individuals involved (use front/back and additional pages if necessary)

SIGNATURES	
Print Name:	
Signature:	**Statement Taken By (Print Name):**
Date Statement Completed:	**Statement Taken By (Signature):**

STATEMENT FORM CONTINUED

SIGNATURES	
Print Name:	
Signature:	**Statement Taken By (Print Name):**
Date Statement Completed:	**Statement Taken By (Signature):**

STATEMENT FORM CONTINUED

Follow Up Questions (to be recorded by administrator/interviewer):
SIGNATURES
Print Name:

Signature:	**Statement Taken By (Print Name):**
Date Statement Completed:	**Statement Taken By (Signature):**

STATEMENT FORM CONTINUED

SIGNATURES	
Print Name:	
Signature:	**Statement Taken By (Print Name):**
Date Statement Completed:	**Statement Taken By (Signature):**