Ontario-Montclair School District
Risk Management
950 W D Street Ontario, CA 91762

Witness Statement Form

Today's Date	NOTE: Please complete the witness statement form to the best of your knowledge, ensuring that all relevant details are included.

I. Witness Information

Name of Witness	Please Check One ☐Staff ☐Student ☐Community Member ☐Other_____
Telephone Number	Email Address

II. Incident Details

Full Name of Injured Person	Date of Incident	Time of Incident
Site/Department of Incident (e.g. Arroyo, Transportation)	Location of Incident (e.g. MPR, Playground)	
Please describe how incident occurred below (Use facts only; Exclude opinions and/or assumptions)		

III. Witness Declaration

Please check the following ☐I declare that the information provided in this statement is true and accurate to the best of my knowledge.	
Witness Signature	Date Signed

Submit Form to Risk Management:
Email: Risk.Mgmt@omsd.net
FAX: (909) 459-2565