

**WITNESS STATEMENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | Click here to enter name | | | | | | Date: | | Click here to enter a date |
|  |  | | | | | |  | |  |
| Home Address: | | | Click here to enter address | | | | | | |
|  | | |  | | | | | | |
| Home Phone: | | Click here to enter home phone | | | | Cell Phone: | Click here to enter cell phone | | |
|  | |  | | | |  |  | | |
| School: | Click here to enter school | | | | | Date of Incident: | | Click here to enter date | |
|  |  | | | | |  | |  | |
| Where Did the Incident Occur: | | | | Click here to enter location | | | | | |
|  | | | | |  | | | | |
| Name(s) of Potential Witness(es): | | | | | Click here to enter name(s) | | | | |

Describe the incident(s) as clearly as possible. (Attach additional pages, if necessary)

Click here to enter text.

I hereby certify that the information I have provided in this statement is true, correct, and complete to the best of my knowledge and belief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Click here to enter a date |  | Click here to enter time |
| Witness Signature |  | Date |  | Time |
|  |  |  |  |  |
| Click here to enter name |  |  |  |  |
| Witness Name (Please Print) |  |  |  |  |