WITNESS STATEMENT FORM

(Check One): ☐GA K-4 ☐GA 5-8 ☐ GA HS ☐ BBACS ☐ BRICK

PRINCIPAL /Manager: _____

WITNESS TYPE: ☐ STUDENT ☐ STAFF / ADMIN ☐ PARENT / GUARDIAN ☐ OTHER

WITNESS INFORMATION			
NAME (FIRST, LAST		DATE	
STUDENT ID#		PHONE#	

DESCRIPTION OF INCIDENT			
TIME / DATE OF INCIDENT:		INCIDENT LOCATION	
Please describe what occurred to the best of your knowledge. Please use specific names instead of "she" "he" "they".			

Witness Signature _____ Date _____ Staff Receiving Statement _____

***Attach additional sheets if needed.*