



Student Support Services
Witness Statement

If applicable, this form is to be completed by the witness and attached as an optional supplement to the appropriate school incident report(s).

Name of the witness to the incident (*print name*): _____

Student Teacher/Position _____ Statement Date: _____

Description of incident (*Please be specific and include as many as details about the incident as possible*)

Attach additional pages if necessary: Page ___ of ___

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

Signature of witness to the incident

This form should be witnessed by a school staff member

This statement was signed in the presence of:

Print Name

Signature