## Alachua County Public Schools, 620 East University Avenue, Gainesville, Florida 32601

## **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                                    |   |
| Description of incident (Please be specific and include a       | s many as details about the incident as possible)   |
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| Attac   | h additional pages if necessary: Page of            |
| I hereby certify that the statements contained here and belief. | in are true and correct to the best of my knowledge |
| _   |   |
|   | Signature of witness to the incident                |
| This form should be witnes                                      | sed by a school staff member                        |
| This statement was signed in the presence of:                   |   |
| Print name  | Signature   |

Form No.: STU 213.005 – Witness Statement.doc/Stu

New Date: 8/24/12

Distribution: \_\_\_School/Principal \_\_\_District