



BALDWIN COUNTY PUBLIC SCHOOLS
Building Excellence

Harassment Witness Statement Form

This report **MUST** be completed when there is a witness to an incident of alleged harassment. *(For the purpose of this form, harassment also includes violence, threats of violence, or intimidation by another student.)* This form should be submitted to the principal or the principal's designee by personal delivery.

WITNESS' NAME (Last, First)	WITNESS' TITLE (ex: Parent, Student, or Teacher)	INTERVIEW DATE
VICTIM'S NAME (Last, First)		
ACCUSED'S NAME (Last, First)		
SCHOOL SITE WHERE INCIDENT OCCURRED (i.e., locker room, playground, cafeteria, classroom, etc.)	SCHOOL TELEPHONE NUMBER	
PRINCIPAL'S NAME	DATE OF INCIDENT	

Describe the incident witnessed:

Describe the location where the incident took place:

List any other witness' names and grades:

List evidence of harassment (i.e., letters, pictures, etc.) Attach all listed evidence, if possible:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of witness

Date

Name of person receiving Harassment Witness Form

Date