Student Description of Incident Statement

School: _____

Student Name: _____ Grade: _____ Date of Incident: _____

Type of Incident: _____ Location of Incident: _____

Who was involved in this incident? _____
_____

How were you involved in this incident? _____
_____

How did the incident start? _____
_____

What happened during the incident: _____
_____
_____
_____
_____

How did the incident stop? _____
_____

Who else should we talk to about this incident? _____

Other details: _____
_____
_____

Are you willing to testify and/ or have your identity disclosed at any hearing regarding the above incident?

☐ Yes ☐ No. Why not? _____
_____

All of the information I have given you is true and correct.

Signature: _____ Date: _____

Print Name: _____

Witnessed By: _____

Title: _____