VINELAND SCHOOL DISTRICT

WITNESS STATEMENT

Information about the person completing this form

Name _____

I am a _____ **Student** _____ **Parent** _____ **Staff**

I am the _____ **Victim** _____ **Accused** _____ **Witness**

Date of Incident _____ **Time of Incident** _____

Location of Incident _____

Other Individual(s) Involved _____ _____ _____

_____ _____ _____

Please include the following information, where applicable, regarding the incident:

- The order of events (what you saw, heard, or otherwise witnessed)
- Your specific involvement
- Potential injuries

I declare under penalty of perjury that the information provided on this form is accurate and true.

Signature of the person completing this form _____ **Date** _____

Name of the person receiving this form _____ **Date** _____