

WITNESS STATEMENT

Witness:	Home Add	Home Address:	
Home/Cell Phone:	Work Phone:	Email:	
Date(s) / Time(s) of inci	dent(s):		
Name(s) of persons invo	olved in incident(s):		
Location of incident(s):			
Name(s) of other witne	ss(es):		
Describe the incident/			
-	· · · · · · · · · · · · · · · · · · ·	hat was said (threats, requests, demands, etc.), whethensed (attach additional pages if necessary):	
any physical contact of	cearrea, and what force, it any, was t	sea (attach additional pages il necessary).	
 I have the right 	to be free of retaliation for providing	this statement. I agree to report, immediately, any conduc	
		ng this statement. Examples of retaliation include, but ar	
	threats, assault, rumor spreading, and		
, .	esent that the information provided	herein is true, correct, and complete to the best of m	
knowledge.			
Signature:		Date:	

Information for Persons Providing a Witness Statement

Confidentiality

In order to protect the privacy interests of individuals and to ensure the integrity of the investigation, this complaint and investigation are confidential. Those with a need to know may have access to the information contained in your statement. You are hereby directed to refrain from talking about, either verbally or electronically, relevant facts or information concerning this matter to others, with the exception of your parents. Disciplinary action may be imposed for violation of this directive.