## WITNESS STATEMENT

ANYONS
School District

Witness: Home Address: $\qquad$
Home/Cell Phone: $\qquad$ Work Phone: $\qquad$ Email: $\qquad$
Date(s) / Time(s) of incident(s):
Name(s) of persons involved in incident(s): $\qquad$
Location of incident(s):
Name(s) of other witness(es):
Describe the incident(s) as clearly as possible, including what was said (threats, requests, demands, etc.), whether any physical contact occurred, and what force, if any, was used (attach additional pages if necessary):

- I have the right to be free of retaliation for providing this statement. I agree to report, immediately, any conduct that I believe is motivated by retaliation for providing this statement. Examples of retaliation include, but are not limited to, threats, assault, rumor spreading, and encouraging ostracism by others.
- I hereby represent that the information provided herein is true, correct, and complete to the best of my knowledge.
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## 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.

