

## Bullying Witness Statement

This form may be completed when there is a witness to an incident of alleged bullying. One form must be completed for each witness.

Interview Date:

Witness Name:

Title:

Parent

Teacher

Student

Other

Victim Name(s):

Accused Name(s):

Describe the location where the incident took place:

Description of incident witnessed:

List any other witnesses, if known:

List evidence of bullying (*i.e. letters, photos, etc. Attach 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 and title of person receiving witness  
form:

Date: