**Incident Report/Witness Statement**

This incident report/witness statement is to be completed by any person who directly witnesses an incident, or a person who has information regarding an incident.

Statement Date:

***DETAILS OF WITNESS:***

NAME: DATE OF BIRTH:

ADDRESS: HOME PHONE:

If minor, name of Parent or Guardian:

INCIDENT DATE: INCIDENT TIME:

MANAGING AUTHORITY: SCHOOL:

**Please provide a detailed account of the events:**

**THE ABOVE STATEMENT WAS MADE BY ME AND OF MY OWN FREE WILL.**

SIGNATURE: DATE: TIME:

If child is a minor, a parent or guardian must sign on behalf of the child.

**\*Please sign and date after the last line of your statement as well.**