



Hearings Department
Child Welfare and Attendance
1120 Government Street
Baton Rouge, LA 70802
Office (225) 239-7870, Fax (225) 227-2841

Witness Statement (B)

(Please use this form if witness refuses or is unable to write a statement)

WITNESS NAME: _____ SCHOOL: _____ GRADE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

STATEMENT OF INCIDENT

(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)

PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?

INVESTIGATING ADMINISTRATOR

DATE

Print Name (Investigating Administrator): _____

I HAVE READ THE ABOVE INCIDENT STATEMENT AND DISCUSSED IT WITH _____
(Witness)

I AGREE DISAGREE WITH THE STATEMENT

WITNESS SIGNATURE

DATE

PRINCIPAL/DESIGNEE'S SIGNATURE

