



Hearings Department
802 Mayflower Street
Baton Rouge, LA 70802
Office (225) 456-5139 , Fax (225) 456-2757

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