



STATEMENT FORM

Name: _____ Date: _____ Time: _____ am/pm

Contact Number(s): Home: _____ Work: _____ Cell: _____ Other: _____

Semester _____	
<input type="checkbox"/> PS ID # _____	<input type="checkbox"/> VIS <input type="checkbox"/> GRD
<input type="checkbox"/> GW ID # _____	
<input type="checkbox"/> GED ID # _____	
<input type="checkbox"/> ESL ID # _____	
<input type="checkbox"/> AHS ID # _____	
<input type="checkbox"/> EMPL ID # _____	

Directions: This statement affords you the opportunity to tell your side of the story.

Please write your statement as thoroughly as possible. Your statement should include answers to the following questions:

- 1) What happened? [If you didn't see it, then it didn't happen. Only write what you saw, not heard.]
- 2) Who is involved? [Provide names not "he/she/they".]
- 3) When did the incident happen?
- 4) Where did the incident happen?
- 5) Why do you think this incident happened? [No hearsay, only FACTS]

*Please note all information you provided will assist us in our investigation. It is important that you are truthful. Falsifying any information will result in adverse actions.

(LET US KNOW IF YOU NEED ANOTHER PAGE)

TURN → →



STATEMENT FORM

I agree the above statement I have provided is true and to the best of my knowledge. I understand that falsifying my statement will result in adverse actions.

Acknowledge by:

_____ Signature

_____ Date

For students refusing to provide their statement, sign, and provide the reason below. I understand that by refusing I risk my due process rights and all adverse action(s) are final.

Statement by:

_____ Signature

_____ Date

FOR AUTHORIZED PERSONNEL USE ONLY

Date: _____

Staff: _____

Participants: _____

INTERVIEW: _____

ACTION: _____

R. Gary Hartz
Associate Dean

Date