

Bedford County Written Statement

School _____ Principal _____

1. Declarant information

Name _____

Telephone Number _____

Grade _____ Sex _____

2. Name of person(s) involved in the incident against you;

_____ Grade _____ Sex _____

_____ Grade _____ Sex _____

_____ Grade _____ Sex _____

3. When/Where did the incident take place: _____

4. Describe the incident (attach additional pages if necessary): _____

5. List all witnesses with knowledge of the incident:

_____ Grade _____ Sex _____

_____ Grade _____ Sex _____

_____ Grade _____ Sex _____

6. What outcome would you like to see for this situation? _____

I agree that all information on this form is accurate and true to the best of my knowledge.

Signature of Declarant

Date

Person receiving Statement form:

Date

Be sure to attach any supporting documentation/evidence