CANYONS
School District

CANYONS SCHOOL DISTRICT
WITNESS STATEMENT

DATE: _____

TIME: _____

NAME OF WITNESS/PARTICIPANT: _____

LOCATION OF INCIDENT: _____

NAMES OF OTHERS PRESENT AT THE TIME OF THE INCIDENT: _____

_____

DESCRIBE WHAT YOU SAW: _____

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By signing this statement, I affirm that to the best of my knowledge it is a true and an accurate description of my involvement in the aforementioned matter.

_____

Signature of witness/participant

Initials of Assistant Principal collecting the statement: _____