



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?

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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