

Date of Incident: _____

Date Reported: _____

**Student Conflict Report
Witness Statement Report**

Name of Witness: _____

Title: Student Parent Staff

Victim Name: _____

Name of Accused: _____

Name of Followers (if any): _____

Where and When did the incident occur?

What happened?

What was your response to the incident?

Do you know if there is evidence of this incident? (notes, damaged property, text messages, etc.) _____

I agree that the information above is true and accurate to the best of my knowledge.

Signature of Witness: _____ Date: _____

Name of Interviewer: _____

