



INVESTIGATOR

CLEVELAND METROPOLITAN SCHOOL DISTRICT
WITNESS STATEMENT



INCIDENT NUMBER

SCHOOL _____

INCIDENT DATE ____/____/____ INCIDENT TIME ____ a.m. p.m. REPORT DATE ____/____/____

(circle one) STUDENT EMPLOYEE OTHER (circle one) WITNESS SUSPECT VICTIM RACE _____

SS# or STUDENT ID _____ BIRTH DATE: ____/____/____ SEX (circle one) M F

LAST NAME _____ FIRST _____ M.I. _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ PARENT/GUARDIAN _____

STATEMENT _____

(CONTINUE ON REVERSE SIDE IF MORE SPACE IS NEEDED)

I DECLARE THIS STATEMENT TO BE ACCURATE AND THAT IT HAS BEEN TAKEN SEPARATELY WITH NO OTHER WITNESSES PRESENT

WITNESS SIGNATURE: _____ DATE ____/____/____

STATEMENT DICTATED TO AND WRITTEN BY: _____ DATE ____/____/____

"The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America"
 "La meta primordial del Distrito Escolar Metropolitano de Cleveland es lograr ser un distrito escolar de primera clase en los Estados Unidos de America"