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 Metropolitan de Cleveland es lograr ser un distrito escolar de primera clase en los Estados Unidos de America"