

Neshoba County School District

Bullying Witness Statement Form

Each witness to an incident of alleged bullying should complete this form. The investigator should attach a copy of each witness statement to the Bullying Complaint Form Report. *(For the purpose of this form, bullying encompasses bullying, harassment, and discrimination)*

| | | |
|--------------------------------|--|----------------|
| Witness Name | Witness Title (Parent, Student, Teacher) | Interview Date |
| Victim Name | Sex | Grade |
| Accused Name | Sex | Grade |
| School Where Incident Occurred | School Telephone | |
| Principal | Incident Date | |

Describe the location where the incident took place:

Describe the incident:

List all known witness names and grades:

Interview Conducted by: _____