**INVESTIGATION REPORT**

(For school use only)

**NAME OF THE ACCUSED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_**

**SCHOOL ATTENDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PERSON GIVING TESTIMONY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH OF PERSON GIVING TESTIMONY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE JOB RESPONSIBILITY IF NOT A STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WOULD YOU BE WILLING TO TESTIFY AT A SUPERINTENDENT’S HEARING? YES \_\_\_\_\_ NO \_\_\_\_\_\_**

**DATE / TIME OF INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE/TIME INCIDENT REPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPORT OF INCIDENT**

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, WEAPONS USED. ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

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(If necessary, please use the reverse side)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Principal: *If illegible, please have information typed (exactly as written) and signed by the person giving testimony.*