Berkeley
PUBLIC SCHOOLS
Berkeley Unified School District

INCIDENT STATEMENT FORM

School Name: _____

Name: _____ Date of Incident: _____ Grade: _____

- To the best of your ability, please make your statement as true and accurate as possible
- Please state what you saw and/or heard with as much detail as possible
- Please provide names of people who may be witnesses or were involved in this incident
- Please avoid sharing your personal feelings about the incident, focus on the facts
- You may use extra pages if needed

Description of Incident:

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Signature: _____ **Administrator Signature: _____**

Rev. jlt03062020