

Yuba City Unified School District
Sworn Witness Statement

Your name: _____ Date of incident: _____

Person(s) involved and Witnesses: _____

Describe in detail events of incident below:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____

(continue on back if more space is needed)

I declare, under penalty of perjury, that the foregoing is true and correct, to the best of my knowledge.

Signature of Witness: _____ **Date:** _____

Signature of District Personnel: _____ **Date:** _____

=====

I wish to remain anonymous. I do not want my name revealed because of the following reasons:

Print your name: _____

Signature of Witness _____ Date: _____

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Administrators questions to witness:

Q1 _____

A1 _____

Q2 _____

A2 _____

Q3 _____

A3 _____

Q4 _____

A4 _____

Q5 _____

A5 _____

Q6 _____

A6 _____

I declare, under penalty of perjury, that the foregoing is true and correct, to the best of my knowledge.

Signature of Witness: _____ **Date:** _____

Signature of District Personnel: _____ **Date:** _____