WGES Witness/Testimony Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PRINT STUDENT NAME** |  | | | | **DATE**  **OF**  **INCIDENT** |  | |
| **TEACHER NAME** |  | | **GRADE LEVEL** |  | **TIME**  **OF**  **INCIDENT** |  | |
| **Below is my honest written or verbal *(transcribed by staff or parent)* testimony explaining my version of the incident.** | | | | | |  | |
| ***STUDENT SIGNATURE*** |  | | | | |  | |
| **WHO** was involved? | | | | | |  | |
|  | | | | | |  | |
| **WHAT** happened? | | | | | |  | |
|  | | | | | |  | |
| **WHERE** did this incident take place? | | | | | |  | |
|  | | | | | |  | |
| **WHEN** did this incident occur? | | | | | |  | |
|  | | | | | |  | |
| **WHY** did the incident occur? | | | | | |  | |
|  | | | | | |  | |
| EXPLAIN ANY OTHER RELEVANT DETAILS BELOW. | | | | | |  | |
|  | | | | | |  | |
| ***TRANSLATOR or TRANSCRIBOR***  ***SIGNATURE (if applicable)*** | |  | | | |  | DATE |
|  |
| ***Attach with documentation for conferences, interventions, or referrals.*** | | | | | |  | |

PLEASE RETURN THIS FORM TO THE FRONT OFFICE OF THE SCHOOL. THE COMPLETED FORM WILL BE GIVEN TO THE HEAD OF SCHOOL OR DESIGNEE. YOU WILL BE CONTACTED IN REFERENCE TO THIS TESTIMONY WITHIN 24 HOURS. THANK YOU!