MDHS/DYS Training School
Oakley and Columbia Campuses
Witness Statement – VII.3.A

Date of Incident: _____ **Time of Incident: _____**

In the space below, describe in your own words what you saw and heard. Please include the date and time of the incident, where the incident occurred, who was present, and what happened. Do not include opinions or guesses about what happened.

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Signature

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Printed Name

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Date of Statement