Witness Name: _______________________________ Violation Tracking #:
Date of Incident: ___________________________ Time of Incident: ______________
Youth Name: __________________________________

In the space below, tell what happened in your own words: Include date and time of the incident, where it occurred, who was present. Please do not include opinions

________________________________
________________________________
________________________________
________________________________
________________________________

Witness Signature: ___________________________ Printed Name:_________________________
Date of Statement: _________________________ DHO Signature: __________________________

Form VII.9.G Witness Statement Effective Date: 4/6/10 Revised Date: 06/30/12