

Peter R. Emr
District Anti-Bullying Coordinator

Harassment, Intimidation, & Bullying Prevention Program
TARGET/ACCUSED/WITNESS INTERVIEW STATEMENT

Name:

Please Check: Target Accused Witness

Written Report #: Date of Written Report:

School/Work Location:

Description of Incident(s):

(Attach additional page(s) of information, if needed)

I certify:

- I wrote the description of the incident(s) above, and this information is accurate and true to the best of my knowledge.

- I provided the information explained in the description of the incident(s) above to the Anti-Bullying Specialist, and this information is accurate and true to the best of my knowledge.

Printed Name

Signature

Date

Anti-Bullying Specialist

Signature

Date