ARLINGTON Public Schools

To complete this form electronically, it must be opened in *Adobe Reader*!

Reset Form

STUDENT STATEMENT FORM

Complete this form, giving as much honest and truthful information as possible. The information will be used to help the administrators sort out the problem.

Name _____ Grade _____ Date _____

WHO was involved? List any witnesses.

WHEN did the incident take place? Give as close to exact time(s) and date(s) as possible.

WHERE did this happen?

WHAT actually happened? Give details beginning with how it got started. Who said what?

WHY do you think this happened?

I certify that the above information is TRUE and CORRECT.

Student's Signature _____

Original signature required! Please print and sign.
(This notation will not print.)