

# Lakeland Joint School District #272

Rusty Taylor, Superintendent of Schools

P.O. Box 39, Rathdrum, Idaho 83858

208/687-0431, ext. 1111

rusty.taylor@lakeland272.org



**LJSD Vision: A community committed to academic excellence ... dedicated to student success.**

## **WRITTEN STATEMENT FORM**

School: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Describe the incident: \_\_\_\_\_

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Date(s), time(s), and place(s) the incident(s) occurred: \_\_\_\_\_

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Were other individuals involved in the incident(s)?  yes  no

If yes, please name the individual(s) and explain their roles: \_\_\_\_\_

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Did anyone witness the incident(s)?  yes  no

If yes, please name the witnesses: \_\_\_\_\_

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Did you take any action, including but not limited to photographs, videos, or recordings in any way, in response to the incident?  yes  no

If yes, what action did you take: \_\_\_\_\_

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Were there any prior incidents?  yes  no

If so, describe any prior incidents: \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date \_\_\_\_\_

***Signing and/or completing this form is optional and voluntary.***

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Describe the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s), time(s), and place(s) the incident(s) occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date \_\_\_\_\_

***Signing and/or completing this form is optional and voluntary.***