

# **Lakeland Joint School District #272**

Lisa Arnold, Superintendent of Schools  
P.O. Box 39, Rathdrum, Idaho 83858  
208/687-0431, ext. 1111  
larnold@lakeland272.org ~ sd272.org



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

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## **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 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.***