

# **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.**

## **WRITTEN STATEMENT FORM**

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

# Lakeland Joint School District #272

**Rusty Taylor**, Superintendent of Schools

P.O. Box 39, Rathdrum, Idaho 83858

208/687-0431, ext. 1111

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## WRITTEN STATEMENT FORM

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Rusty Taylor**, Superintendent of Schools

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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