

Lakeland Joint School District #272

-Superintendent of Schools
P.O. Box 39, Rathdrum, Idaho 83858
208-687-0431
www.sd272.org



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

WRITTEN STATEMENT FORM

School: _____

Name / **Student ID No.:** _____ 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: _____

Did anyone witness the incident(s)? yes no

If yes, please name the witnesses:

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: ~~Describe any action you took in response to the incident:~~

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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.