|  |  |
| --- | --- |
| **Description: New Green Logo 3 toneExhibit Number:** |  |

**Student Hearing and Placement Department**

**(SHPD-F008)**

**Confidential Witness Statement**

|  |  |
| --- | --- |
| Date: |  |
| Time and Place of Incident: |  |

I,      , declare:

1. I have personal knowledge of the facts set forth in this declaration, and if necessary, I am capable and competent to testify to those facts.
2. (Provide detailed description of incident)

|  |
| --- |
|  |

1. (If necessary) I,      , do not wish to testify at any hearing concerning the above described incident or have my identity as a witness disclosed, because I feel that it would subject me to an unreasonable risk of psychological and physical harm.

|  |
| --- |
|  |

**I have read the foregoing statement and declare under penalty of perjury that it is true and correct.**

Executed this day day of month, year at city, California

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Print Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Witnessed by Administrator: | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |