

**MILLER SCHOOL DISTRICT #29-4**



623 East 4th Street ♦ PO Box 257 ♦ Miller, SD 57362  
Phone 605-853-2614 ♦ Fax 605-853-3041

**Bullying Witness Statement Form**

This report **MUST** be completed when there is a witness to an incident of alleged bullying (*for the purpose of this form, bullying encompasses bullying, harassment, and discrimination.*) One form must be completed for each witness. All witness statements that relate to one incident should be attached to the Bullying Complaint Report Form.

WITNESS NAME (last, first)	WITNESS TITLE (ex. Parent, Student, or Teacher)	INTERVIEW DATE
VICTIM NAME (last, first)		
ACCUSED NAME (last, first)		
SCHOOL SITE (where incident occurred)	SCHOOL TELEPHONE	
PRINCIPAL	INCIDENT DATE	

Describe the location where the incident took place:

Description of incident witnessed:

List any other witness names and grades:

List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible);

**I agree that all of the information on this form is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person receiving Bullying Witness Form  
Title/School

\_\_\_\_\_  
Date