



# IRVINE UNIFIED SCHOOL DISTRICT

## Adult Witness Statement (Voluntary)

Directions: The following is a description of what was actually seen or overheard by the witness making this statement which is relevant to a case currently being investigated by the school administration. Although the statement will be retained as part of the investigation of the incident, the witness has the right to request in writing below that his/her identity be withheld for fear of any possible threat of retaliation by others. If more space is needed, please use additional page.

Due to unreasonable risk of physical or psychological harm, I am requesting to remain anonymous.

**Name:**

(Please Print)

**Position:**

**Location:**

**Student Name:**

**DOB:**

**Describe what happened, what you saw/and or what you heard:**

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I hereby declare under penalty of perjury that my statement is a true and accurate one.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

