



# LIBERTY COUNTY SCHOOL DISTRICT

Post Office Box 429 ~ 11051 NW SR 20 ~ Bristol, FL 32321  
Phone: (850) 643-2275 ~ Fax: (850) 643-2533 ~ www.lcsb.org

## 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.

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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