



Camden City Public Schools

201 N. Front Street, Camden, New Jersey 08102

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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 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'S 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