

EMPLOYEE/ADULT – WITNESS INTERVIEW FORM

Name of Employee being investigated: _____

Name of Employee witness: _____ Position: _____

Campus/Dept: _____ Date of Alleged Incident: _____

Completion of this form is necessary for interviewing employees during an investigation.

GENERAL INFORMATION

Please complete this information prior to conducting the interview.

Date of Interview:		Time of Interview:	
Name of person being interviewed:			
Position of person being interviewed:		Home campus:	
Was the interview recorded?			
Did the witness submit an additional written statement? (If yes, please attach.)	YES	NO	
Are there video surveillance tapes to view?	YES	NO	
Did the person being interviewed have firsthand knowledge of the allegations being investigated?	YES	NO	

List the names of all additional witnesses revealed in this interview.

Describe the conduct that is being investigated and any knowledge the employee provided.

Completed by:

Print Name

Print Title

Date

Signature of Person Completing Report

WITNESS STATEMENT - EMPLOYEE/ADULT

Name of Employee being investigated: _____

Witness Name: _____

Campus/Dept: _____ Position: _____

Employee's Written Statement

Date of Incident: _____ Time of Incident: _____

Location of Incident _____

All involved
to your
knowledge:

Witnesses:

Description of
Incident:

Did you report the incident to a supervisor?

Yes _____ No _____

If yes, please answer the following:

To whom did you report the incident?	
Date and Time of Report:	
Method of Reporting:	
Any other individuals you made aware of the incident as you have reported it?	
Have you reported to law enforcement?	
Have you reported to CPS?	

Signature of Employee/Adult:		Date:	
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Received by:		
Print Name	Print Title	Date

STUDENT – WITNESS INTERVIEW FORM

Student Name: _____ Grade: _____
 Campus: _____ Date of Alleged Incident: _____

Completion of this form is necessary for interviewing students during an investigation.

GENERAL INFORMATION

Please complete this information prior to conducting the interview.

Date of Interview:		Time of Interview:	
Name of person being interviewed:			
Grade of person being interviewed:		Home campus:	
Was the interview recorded?			
Did the witness submit an additional written statement? (If yes, please attach.)	YES	NO	
Are there video surveillance tapes to view?	YES	NO	
Is the student being interviewed in special education?	YES	NO	
Were parents notified the student was interviewed?	YES	NO	
Did the person being interviewed have firsthand knowledge of the allegations being investigated?	YES	NO	

List the names of all additional witnesses revealed in this interview.

Describe the conduct that is being investigated and any information the student provided.

Completed by:

Signature of Person Completing Report

STUDENT'S WRITTEN STATEMENT OF INCIDENT

Name of Student: _____ ID#: _____ Grade: _____

Date of Birth: _____ Address: _____

Parent/Guardian: _____ Parent Cell #: _____

Parent Home #: _____ Parent Work #: _____

Parent/Email: _____ Student Email: _____

Date of Incident: _____ Time of Incident: _____

Location if Incident: _____

Individuals Involved:

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Witnesses:

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Description of Incident:

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Signature of Student:		Date:	
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Received by:		
Print Name	Print Title	Date