File #: _____

Wenatchee School District

Incident Statement/Follow-up

☐ Statement
☐ Follow-up

Name: _____ Student Number: _____ Date: _____

Incident Number: _____ Date of Incident: _____

I, _____, declare as follows:

Print your full name and position

I declare under penalty of perjury (the **crime** of lying under oath) that the above statement is true and correct to the best of my knowledge and belief. If called upon to testify in any school district action or civil/criminal court proceedings, I could and would testify to the above facts.

Executed on the _____ of _____, _____ at Wenatchee Washington.
day month year

_____ _____
Signature of Declarant Date

_____ _____
Signature of Witness Date

White – Security Department Yellow – Administration Pink - Officer