



**NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT**

5825 NE Ray Circle

Hillsboro, OR 97214

Phone 503-614-1445

**WITNESS STATEMENT FORM**

Name of witness: \_\_\_\_\_

Position of witness: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

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

White: Executive Director of Human Resources

Yellow: Program Supervisor