

Cliffside Park Public Schools
Cliffside Park, New Jersey 07010

TARGET/ACCUSED/WITNESS INTERVIEW STATEMENT

Name: _____ Please Check: ___Target ___Accused ___Witness

Written Report #: _____ Date of Written Report: _____ School/Work Location _____

Description of Incident(s)

(Attach additional page(s) of information, if needed)

I certify:

- I wrote the description of the incident(s) above and this information is accurate and true to the best of my knowledge.
- I provided the information explained in the description of the incident(s) above to the Anti-Bullying Specialist and this information is accurate and true to the best of my knowledge.

Printed Name

Signature

Date

Anti-Bullying Specialist

Signature

Date