

# BROWARD DISTRICT SCHOOLS POLICE DEPARTMENT

## STATEMENT

For legibility please use a black or blue pen or type:

School or Facility: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F Date of Incident: \_\_\_\_\_  
(Circle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Check appropriate box:  Victim  Witness  Subject

Was student assisted with statement?  Yes,  No If so why?

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

Who Assisted (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

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

I, having been advised that I need not make this statement, declare that the following statement is given freely and voluntarily, without promise to benefit, or threat or use of force or duress, do proceed to state as follows:

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

By signing this statement I declare that the content is true and accurate:

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

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