

**SUSPENSION AND EXPULSION**

**San Diego Unified School District  
WITNESS DECLARATION**

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

My involvement:

- \_\_\_\_\_ I am the victim
- \_\_\_\_\_ I am the accused
- \_\_\_\_\_ I am a witness
- \_\_\_\_\_ I helped address the incident

Please include the following information, where applicable, regarding the incident:

- Describe, in the order of events, what you experienced, heard or witnessed.
- Describe how you and others were involved in the incident. Please use names as much as possible. Note any physical injuries.
- List any other witness' name and/or physical description and his/her involvement.

I, \_\_\_\_\_, declare the following:

*Print declarant's first and last name*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If I am called upon to testify at a hearing,

- \_\_\_\_\_ I would be willing to testify
- \_\_\_\_\_ I would not be willing to testify because:

I declare under penalty of perjury that the foregoing statement is true and correct.

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

*Declarant's Signature*

USE DISTRICT FORM. REVISED OR EDITED FORMS WILL NOT BE ACCEPTED.

Exhibit  
 version: July 24, 2018  
 Effective: November 1, 2018  
 Reviewed: October 27, 2020

**SAN DIEGO UNIFIED SCHOOL DISTRICT**  
 San Diego, California