



STUDENT WITNESS REPORT

Name _____
Kaitiaki Code _____

Date _____

What student did you witness this happening to? _____

When did it happen?

Before school During school After school Other

Where did it happen?

In the school building Where: _____
 In the playground Where: _____
 Online Where: _____
 Other Where: _____

If the incident was videoed by others what platform has it been uploaded to and by whom?

Group chat page Snapchat Facebook Other
Give details: _____

Name the student(s) who uploaded the video or made you aware of the video:

Were any staff involved or did you tell any staff?

Yes No

Give details of staff names and actions, if any:

Were you or others physically hurt?

Yes No

Give details: _____

Was any property damaged?

Yes No

Give details: _____

Describe the incident you witnessed, please give as much detail as possible no matter how small you think it is:

Who is committing the offense(s)?

How can we contact you?

Mobile _____

Email _____

Other _____
