



**Incident Statement  
Form**

<b>Date (MM/DD/YYYY):</b>	<b>Time:</b>
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**First & Last Name of person stating:**

**Contact Information**

<b>Email:</b>	<b>Phone number:</b>
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**Role or Relationship to the Incident** (*e.g., Witness, Volunteer, Participant, Observer*):

**Nature of Involvement or Knowledge** (*Check all that apply*):

Was involved in the incident as a victim or “perpetrator” (or otherwise a participant)  
 Directly witnessed the incident.  
 Observed events before the incident  
 Observed events after the incident  
 Heard information from others  
 Possess relevant background or contextual information.  
 Other (please specify): \_\_\_\_\_

**Please write (to the best of your ability) a detailed description of what occurred. Think the 4 Ws (who, what, when, and where).**



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## Acknowledgment and Signature

**Statement Certification:**

*I certify that the information provided in this statement is accurate and complete to the best of my knowledge. I understand that this statement will be reviewed in accordance with Studio policies and may be used as part of an internal investigation or required reporting process.*

**Signature:**

<p><b>Date signed:</b></p>	<p><b>Time signed:</b></p>
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## Confidentiality Notice

*This statement contains sensitive information and must be handled in accordance with Studio's privacy, safety, and confidentiality policies. Unauthorized disclosure is prohibited. Statements may be shared with Studio Leadership, relevant authorities, or parents/legal guardians of minor parties as required by law or Studio policy.*