WITNESS DECLARATION

First and Last Name: Redacted

Date: 01/31/15

Time (or Period) of Incident: ________________________________

Location (or Classroom) of Incident: 312 ________________________________

I honestly don't see Mr. Schuplan do anything bad. I don't see him look at any girls in the class in any "creepy" way. He just tells us what to do and expects us to do it. I don't see him do anything or say anything that would make me feel uncomfortable in any way. I know some girls just don't like him but I have nothing against him. Nothing he says or does affects me or makes me feel uncomfortable.

Witnesses: ________________________________

Parent Contact Phone #: ________________________________