



WITNESS DECLARATION

First and Last Name: Redacted Date: 6/3/15

Time (or Period) of Incident: _____

Location (or Classroom) of Incident: B/12

I, Redacted saw/observed:

I honestly don't see Mr. Schinian 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 do affects me or makes me feel uncomfortable.

Witnesses: _____

Parent Contact Phone #: _____