Brooks County Independent School District

(Voluntary Statement - Staff)

I, _____, am making this statement as a ☐ victim ☐ witness ☐ reporting party on a voluntary basis and without coercion of any kind in the presence of _____, a member of the Brooks County ISD administrative team, on this _____ day of _____, 20____. I am employed by the Brooks County ISD as a _____. My contact phone number is _____ and my work phone number is _____.

INCIDENT NARRATIVE

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Signature: _____ **Date:**_____

STATEMENT OF: _____

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Signature: _____ **Date: _____**

STATEMENT OF: _____

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Signature: _____ **Date: _____**