



**STATEMENT OF UNDERSTANDING
REGARDING
CONFIDENTIALITY, RETALIATION AND TRUTH
(for Students)**

On _____ an incident regarding _____
Date Alleged Victim/Perpetrator(s)

was discussed with me. I understand that I must not discuss this incident with anyone, other than my parent(s), and I must not retaliate against _____ or anyone else because of this incident.
Alleged Victim/Perpetrator(s)

Furthermore, I understand that failure to comply with the above directives may result in disciplinary action.

I certify that the information I gave regarding this incident is true and accurate.

Signature

Date

Signature of Supervisor/District Representative

Date

Witness

Date



**STATEMENT OF UNDERSTANDING
REGARDING
CONFIDENTIALITY, RETALIATION AND TRUTH
(for Adults)**

On _____ an incident regarding _____
Date Alleged Victim/Perpetrator(s)

was discussed with me. I understand that I must not discuss this incident with anyone and I must not retaliate against _____ or anyone else because of this incident.
Alleged Victim/Perpetrator(s)

Furthermore, I understand that failure to comply with the above directives may result in disciplinary action.

I certify that the information I gave regarding this incident is true and accurate.

Signature

Date

Signature of Supervisor/District Representative

Date

Witness

Date