



AMERICAN UNIVERSITY

Student Conduct & Conflict Resolution Services

OFFICE of CAMPUS LIFE

Written Statement Form

Full Name: _____ AU Student ID #: _____

Phone Number: _____ Email: _____

Name of individual for whom you are providing a statement: _____

AMERICAN UNIVERSITY STUDENT CONDUCT CODE HONESTY POLICY:

Student Conduct & Conflict Resolution Services accepts into its proceedings and records only statements that are sworn to be truthful. Individuals entering written statements into any proceeding or record must affirm the truthfulness of the statements in the presence of the director of Student Conduct & Conflict Resolution Services, or designee. An individual who knowingly provides false information or testimony may be subject to disciplinary action.

BY SIGNING THIS STATEMENT, I hereby assert that the statement attached is true and may be shared with the investigator, complainant, respondent, Hearing Officer(s), and Conduct Council members serving on a hearing panel (if applicable).

Signature: _____

Date: _____

PLEASE SUBMIT THIS FORM WITH YOUR WRITTEN STATEMENT ATTACHED

(Written statements can be submitted in-person or emailed to our office from your AU email address)

Your written statement may provide a complete description of your involvement in the incident, including any additional information you believe is relevant.

Examples of information that may be provided in witness statements:

- What happened from the time you woke up until after the incident happened (the length of events, who did what, who observed what from what vantage point)
- As appropriate, how clearly do you remember these events?
- What influenced your ability to remember events?
- Do you remember specific smells/sounds/sights?
- Do you remember any specific quotes?
- If you were not present during the incident, please disclose that.

AMERICAN UNIVERSITY OFFICE USE ONLY

TO BE SIGNED BY AN AUTHORIZED UNIVERSITY OFFICIAL (after confirming identification)

Any member of the Student Conduct staff, Dean of Student's Office, designated Housing & Residence Life staff (i.e., Community Directors, Assistant Directors, and Director), or Officers with supervisory authority in the Department of Public Safety, may act as a witness and sign below.

Received by: _____

Date Verified: _____