

CCSD Witness Statement Form

The below will be completed by the Consultant.

Facility Name:		Facility Address:	
Witness Name:	Crystal Cook	Witness Title/Role:	Office Mgr.
Witness Phone:	251-591-1366	Witness Home Address:	
Consultant:			

The below will be completed by the witness.

Witness Statement

June 25, 2026

To Whom It May Concern:

This letter is to document an incident involving Eliza Darrington that occurred on Thursday, June 25, 2026. On that day, Amanda Calloway informed me that Eliza had urinated on herself while on the playground. After the incident, Eliza removed her bottom clothing garments. To protect her privacy staff brought her inside through the side entrance so the other children would not see her. When Eliza was picked up, I informed her father's girlfriend of what had occurred so that the family would be aware of the incident. I also felt it was important to communicate this because Eliza is autistic and will be transitioning to a new school in August.

The above statement is being given by me freely and without coercion for official State business and will be considered for all purposes, including actions under the statutes of the State of Alabama, just as though it had been sworn or affirmed before a court of law:

Witness Signature: Crystal Cook	Date:	6-30-26
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