

COLLEGE of
CHARLESTON

HUMAN RESOURCES

WITNESS STATEMENT FORM

Your Name: _____ Age: _____

Address: _____

Telephone #: _____

Occupation: _____

Date of Incident: _____ Time: _____

Location of Incident: _____

Your physical position at the time of the incident: _____

STATEMENT

I observed the following at the time of the incident:

The information I have provided in this report is true and correct to the best of my knowledge. The information report contains everything I can recall about this incident.

Date

Witness Signature