



ITS WITNESS STATEMENT FORM

Please complete in cases of altercations, vandalism, property damage, use or suspected use of illegal substances and other unruly behavior.

EVENT INFORMATION

EVENT _____

LOCATION & ADDRESS _____

DATE _____

TIME _____

WITNESS

NAME _____

AGE _____

WITNESS ADDRESS _____

CONTACT (PHONE/EMAIL) _____

WITNESS STATEMENT PLEASE DESCRIBE THE NATURE OF THE INCIDENT AND BE AS SPECIFIC AS POSSIBLE. PLEASE INCLUDE WHAT LEAD UP TO THE INCIDENT AND WHY IT OCCURRED IF WITNESS. (USE ADDITIONAL SHEETS IF NECESSARY).

OFFICE USE ONLY: REPORT INFORMATION

REPORT SUBMITTED TO _____

REVIEWED BY _____

COMMENTS: _____