Office of Safety and Security Victim/Witness Statement Form

Incident:	Location:	Case Number:

I, _____, do hereby make the following statement regarding the incident I

was a victim of or a witness to on _____/_____/_____,

Victim/Witness Contact Information:	BCU SID #	Cell Phone #

Date:	Time:	Victim/Witness Signature:
Date:	Time:	Officer Signature: