

Office of Safety and Security Victim/Witness Statement Form

Incident:	Location:	Case Number:
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I, _____, do hereby make the following statement regarding the incident I
was a victim of or a witness to on ____/____/____,

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Victim/Witness Contact Information:	BCU SID #	Cell Phone #
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Date:	Time:	Victim/Witness Signature:
Date:	Time:	Officer Signature: