

INCIDENT REPORT/WITNESS ACCOUNT

What did you see? _____

What did you hear? _____

When and Where did the incident occur?
Date(s): _____ Time Frame: _____
Location(s): _____

Why do you think the incident occurred? Were there any previous factors or events that contributed to the incident? _____

Have you been threatened about reporting this event and if so by who?

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Who else have you spoken to about this incident _____

Has this happened to anyone else that you have first-hand knowledge of _____

Has anyone attempted to get you to change your story or otherwise interfere with the investigation (e.g.; told you not to report, told you to change some facts, etc.)

Additional Facts or Comments: _____

Witness Signature* _____ Date: _____

* This document constitutes an official statement. The above statement is true and correct to the best of my knowledge. It is given of my own free will and without coercion.

Signature of Investigator(s) _____

Print name of Investigator(s) _____

Date _____