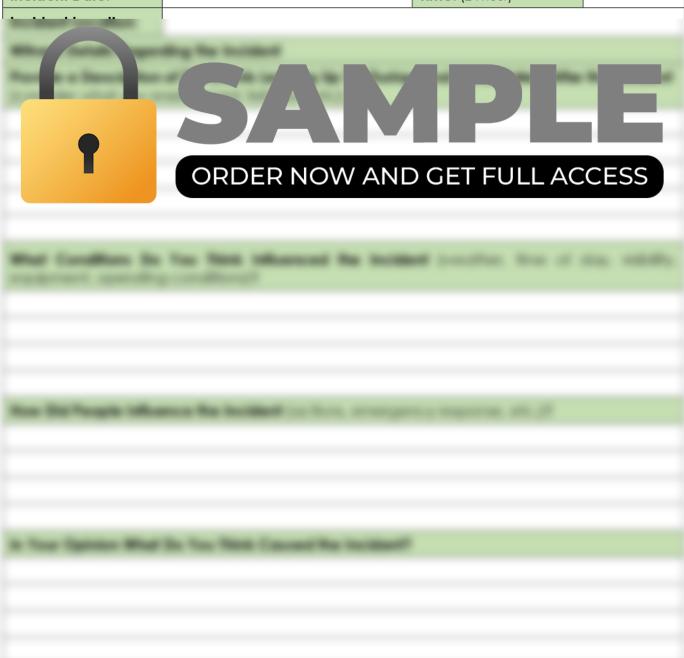
## WITNESS STATEMENT FORM

The Interviewer shall:

- Inform the witness that this statement is confidential and will only be accessed by authorized persons.
- Allow the witness to answer the questions without persuasion.

Both persons must sign and date the last page of this statement.

Witness Name:		☐ Male	[	Female
Employer:		Contact Phone:		
Job Role:		Time in this Role:		
Incident Date:		Time: (24 hour)		



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