

# WITNESS INFORMATION & STATEMENT SUMMARY

Student/Employee Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
\*Indicate the name of the person involved in the incident Student or Employee ID #

Location of Incident: \_\_\_\_\_ Incident Date: \_\_\_\_\_

## Witness Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Statement Summary

Witness  
Signature: \_\_\_\_\_

Statement  
Date: \_\_\_\_\_