Town of Mooresville

WITNESS STATEMENT

Full Name: _____

Department: _____

Email: _____

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM

Incident Location and Description (address, building name, facility, room #, etc.): _____

_____

_____

INCIDENT INFORMATION

Statement: _____

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Were there any other witnesses? ☐ YES ☐ NO Name and Phone number of witnesses:

_____

_____

_____

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE.

Name: _____ Date: _____

Signature: _____