**License #:**_____

**Intake Date:**_____

# WITNESS STATEMENT

**Directions: Present this document to all witnesses/victims interviewed for recording personal statements. (Use BLACK INK and write legibly.)**

**Facility Name:**_____

**Name of Witness:**_____ **Investigator:**_____

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**I certify that this statement is accurate and complete, to the best of my knowledge. I understand that this statement will be used in the course of the investigation.**

**Witness Signature:**_____**Date:**_____**Time:**_____

**Investigator Signature:**_____**Date:**_____**Time:**_____

**Additional Interviewer Signature:**_____**Date:**_____**Time:**_____