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| witness statement form |

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| --- | --- | --- | --- | --- | --- | --- |
| Witness’s Name | | | | Address | | |
|  | | | | [Street Address] [City, ST ZIP Code] | | |
| Date of Alleged Incident: DD/MM/YYYY | | | | Location of Alleged Incident: [LOCATION] | | |
| **Contact Details** | | | | | | |
| Telephone Number | | Mobile Number | | | Email | |
| Occupation |  | | Relationship | | |  |
| Age |  | | Serious illness? | | | YES/NO |
| Details of illness (if any) |  | | | | | |

STATEMENT

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I certify that this statement provided to the [DEPARTMENT NAME] Office of [TEXT HERE] is truthful and accurate.

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Date Witness Signature

Produced by: wordexceltemplates.com