REPORT NUMBER (FOR SECURITY STAFF)

UNIVERSITY of HAWAI'I® HILO

UH HILO STATEMENT FORM

I AM A: [ ] WITNESS | [ ] VICTIM | [ ] THIRD PARTY | [ ] ANONYMOUS	
Statement Of (Your name):	Date and Time of Statement:
Location of Incident:	Date and Time of Incident:
Contact Number:	Contact Email:
Home Address:	
Location of Interview:	
Without coercion or promise of reward(s). I _____, do so freely and voluntarily provide the following statement.	
BE SURE YOUR STATEMENT ANSWERS THESE QUESTIONS: 1) WHEN IT HAPPENED, 2) WERE IT HAPPENED, 3) WHO WAS INVOLVED, 4) WHAT HAPPENED AND 5) WHY IT HAPPENED	
I have read this statement prepared by _____, which consists of _____ typed / hand written pages and have been given the opportunity to make corrections thereon I attest that this statement is true and correct to the best of my knowledge.	

Signature:	Date:	Time:
Interviewer (Print & Sign)	Date:	Time:
Witness To This Statement(Print & Sign)	Date:	Time:

UH HILO STATEMENT EXTENSION FORM

Without coercion or promise of reward(s) I _____, do so freely and voluntarily provide this following statement.		
Signature:	Date:	Time:
Witness to this statement (Print & Sign)	Date:	Time:
Interviewer (Print & Sign)	Date:	Time: