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&203/\$,17 \$//( \*\$7,21 )250

7KL&RPSODLQW \$OOHJDWLRQ )RUP VKRXOG EH XVHG WR  
PLVFRQ&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH  
SURFHV&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH  
'LVDJUHH&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH  
&RPSODLQW \$OOHJDWLRQ SURFHVV XQOHVV HPSOR\HH PLV

3OHSURYLGH DV PXFK LQIRUPDWLRQ DV SRVVLEOH LQF  
UHSRUWFLGHQW WLFNHW QXPEHUV EDGJH RU FDU QXPEH  
\RXDUH FRPSODLQLQJ DERXW DQG ZKDW \RX ZRXOG OLNH W  
DV QHHGWHG\SWFLDOO\ LPSRUWDQW WKDW \RX SURYLGH XV  
FDQH FRQWDFWHG 'HSHQGLQJ RQ WSKUHFLGHXP\W\QPDHVEBQ  
DJDLQ IRU DGGLWLRQDO LQIRUPDWLRQ

2QFRXU FRPSODLQW IRUP LV FRPSOHWHG \RX PD\ PDL  
LQ SHUVRQ 2XU DGGUHV LV

Western Illinois University  
Office of Public Safety  
Mowbray Hall  
One University Circle  
Macomb, IL 61455

\*HQHUB&RPSODLQW LQYHVWLJDWLRQV DUH FRQFOXGHG Z  
WKDWPH EHFDXVH RI H[WHQXDWLQJ FLUFXPVWDQFHV ,I DQ

**Statement of:**

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

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

\_\_\_\_\_

DOB: \_\_\_\_\_

Phones: \_\_\_\_\_

Best time to be contacted:

\_\_\_\_\_

**Please Check Appropriate Boxes:**

Statement giver is:

Aggrieved party

Witness to Incident

tm

Large empty rectangular area for the statement content.



