Witness Statement Form

Campus Police • 1301 West Main • Wilburton, OK 74578
Phone: 918.465.1718 • Fax: 918.465.4433 • www.eosc.edu

Name: _____ Phone (Cell) _____

Address: _____ Phone (Home): _____

State: _____ City: _____ Zip Code: _____

DOB: _____ SSN: _____ DL#: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Race: _____ Ethnicity: Hispanic/Non-Hispanic Relationship to Offender: _____

Employer: _____ Business Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date: _____ Time: _____ Location: _____ Officer: _____

Witness Signature: _____ Date: _____ Page: _____ of _____

Witness Statement Form

[Continuation Page]

Interviewers Signature: _____ Date: _____

Witness Signature: _____ Date: _____ Page: _____ of _____