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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
UHSRUW&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH
\RXDUH FRPSODLQLQJ DERXW DQG ZKDW \RX ZRXOG OLNH W
DV QHHG&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH
FD&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH
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
WK&RPSODLQWV UHJDUGLQJ :HVWHUQ ,OOLQRLV 8QLYH

Statement of:

Name: _____

Address: _____

DOB: _____

Phones: _____

Best time to be contacted:

Please Check Appropriate Boxes:

Statement giver is:

Aggrieved party

Witness to Incident

tm

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