Grand Chute Police Department

STATEMENT FORM

INCIDENT #: _____ DATE: _____ OFC#: _____

Full Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Incident Location: _____

Is this statement given voluntarily? (circle one) YES NO Initials: _____

I Did □ Did not □ give permission for this offense to be committed against me. Initials: _____

SUSPECT INFORMATION: □ Known □ Unknown

Name: _____ DOB or approximate age: _____

Sex: _____ Race/Ethnicity: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars/Marks/Tattoos/Features/Clothing/Glasses/etc: _____

Details: _____

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_____ **Page _____ of _____**

****SIGNATURE MUST BE WITNESSED BY A POLICE DEPARTMENT EMPLOYEE****

Signature: _____ Witness Signature: _____

Date/Time: _____ Date/Time: _____

Incident #:_____

_____ **Page** _____ **of** _____

****SIGNATURE MUST BE WITNESSED BY A POLICE DEPARTMENT EMPLOYEE****

Signature: _____ **Witness Signature:** _____

Date/Time: _____ **Date/Time:** _____