



**NORTH PROVIDENCE POLICE DEPARTMENT**

**COMPLAINING WITNESS STATEMENT**

CHECK ONE OF THE FOLLOWING:

CR#: \_\_\_\_\_

STATEMENT OF COMPLAINING WITNESS:

TIME: \_\_\_\_\_

STATEMENT OF WITNESS:

DATE: \_\_\_\_\_

POLICE OFFICER STATEMENT:

PLACE: \_\_\_\_\_

I, \_\_\_\_\_, voluntarily, without threats or promises, make the following statement.

Q. What is your name?

Q. What is your date of birth?

A. \_\_\_\_\_

A. \_\_\_\_\_

Q. What is your present address/city/state?

Q. Employer name and address

A. \_\_\_\_\_

A. \_\_\_\_\_

Q. What is your home phone number?

Q. What is your business phone?

A. \_\_\_\_\_

A. \_\_\_\_\_

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Statement taken by: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_