

**STATEMENT OF VICTIM / WITNESS
COLLEGE OF MICRONESIA - FSM**

Statement No:		Date:	
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Statement of:

Name of witness:		Date of birth:	
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Address:			
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Telephone Home:		Telephone Cell:		Student No:	
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Nature of Complaint		Location of Incident:	
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Security officer taking statement:

Name of Security officer:	
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I, (WITNESS NAME) _____, do hereby make the following statement of my own free will on this day of (MONTH),(YEAR).
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<p>I DO HEREVY SWEAR OR AFFIRM that the above statement is made by me, without threat or coercion and is true and correct to the best of knowledge.</p>	<p align="center">This page 11 of a Statement comprising 11 Page(s).</p>
	<p>SWORN TO BEFORE ME, a security officer for the COM-FSAM. Date:</p>
<p>Witness Signature</p>	<p>Security Officer Name</p>