

Incident # _____
(For office use)

University of Memphis Police Complainant/Witness Statement

Last Name		First		M.I.	Today's Date/Time	
Sex	Race	DOB mm/dd/yy	Age	Drivers License		State
SSN		Campus Address			Campus Phone	
Home Address				Home Phone		
Occupation			Company			
Work Address				Work Telephone		

PLEASE READ CAREFULLY BEFORE SIGNING!!

I certify that the information provided in this statement is true to the best of my knowledge and recollection. I understand that it is unlawful to give information that is knowingly false, which constitutes a Felony as proscribed in Tennessee Code 39-16-502.

Signature: _____ Date: _____ Time: _____