



# WITNESS STATEMENT

\_\_\_\_\_  
Witness DOC number Facility

\_\_\_\_\_  
Position/title of witness

Offender(s) Involved	DOC Number

**Statement Concerning the Following**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee/contract staff obtaining statement Date Time  a.m.  p.m.

This statement should give a factual account of the events witnessed. Of particular importance is information as to what was observed, where and when it occurred, who was involved, other witnesses to the event and, if possible, any factual information relative to the possible reasons for the incident/misconduct.

**Statement  
(Continued on back if needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**I acknowledge the above statement is based on personal observation of the event(s) described herein and that it is, to the best of my knowledge, a true and accurate statement of fact.**

\_\_\_\_\_  
Witness signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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