



VOLUNTARY WITNESS STATEMENT

Sioux City Police Dept

601 Douglas St

Sioux City, IA 51101

Non-Emergency: 279-6960

Records:279-6440

Complaint NO.: _____

(Completed By SCPD)

Name: _____ Age: _____ Address: _____

SSN: _____ DOB: _____ Home Phone: _____

City: _____ State: _____ B-Phone: _____

Employed At: _____ Hours: _____

Completed Statement Date: _____ Time: _____ Place: _____

Where and When did this incident happen? _____

Who was involved? (Include names and addresses if known) _____

What happened? _____

Officer Receiving Statement Signature

Signature

Number of pages _____