

**EMPLOYEE/WITNESS STATEMENT FORM**

**In accordance with the Department of Correction Disciplinary Policy and Procedures, failure to cooperate with or hindering an internal investigation, including the refusal to answer questions, and providing false or purposefully misleading information during an internal investigation constitutes unacceptable personal conduct and may result in discipline up to and including dismissal.**

**DIRECTIONS: DO NOT TYPE. MUST BE HANDWRITTEN BY EMPLOYEE. PLEASE WRITE CLEARLY. FORM MUST CONTAIN AN ORIGINAL SIGNATURE OF EMPLOYEE SUPPLYING STATEMENT.**

NAME: \_\_\_\_\_

POSITION NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

STATEMENT: *(Use additional paper or back of form if necessary)*

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

Please list any witnesses or individuals who may have information relative to this investigation.

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

I understand this statement will be considered part of the official investigation and that I may be called on to testify or provide written or verbal clarifying statements. The statement I have provided is an accurate account of the case to the best of my knowledge.

Signature

Date

08/20/04