

function — of beauty

Voluntary Incident Witness Statement

I _____ provide this statement on ____/____/____, regarding the incident occurring on ____/____/____ at Function of Beauty location _____.

I provide this statement of the events I witnessed willingly and without threat of disciplinary action or potential of reward.

If more space is required, please complete as statement supplements as required.

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Name (Print) _____ Signature _____ Date ____/____/____

Name of Preparer (Print) _____ Signature _____ Date ____/____/____

[if dictated]

