License #:	
Case #: (if a	applicable)
,	WITNESS STATEMENT
Directions: Present this document to a	all witnesses interviewed for recording personal statements.
Facility Name:	
Name of Witness:	Title:
DOB:	Phone #:
Address:	
I certify that this statement is accurat	e and complete, to the best of my knowledge.
Witness Signature:	Date:
OEC Staff Signature:	Date:
Additional Signature:	Date:

	Page:	Page:	
I certify that this statement is accurate and complete, to the best of my knowledge.			
Witness Signature:		Oate:	
OEC Staff Signature:		Date:	
Additional Signature:		Pate:	