

JACKSONVILLE UNIVERSITY
DEPARTMENT OF CAMPUS SECURITY
STATEMENT OF FACT FORM

Name: _____

Address: _____

Phone Number: _____ Student/Employee Id No.: _____

Date: _____

Incident Date: _____ Incident Time: _____ a.m. p.m.

STATEMENT

I have made this statement voluntarily and it is true to the best of my knowledge.

Signature

Officer Name

Incident Report # _____