



Case # _____

Reporting Officer: _____



University of North Alabama Police Department

Complainant Statement / Witness Statement / Refusal to Prosecute

Please Print

Name:	Home Phone:	Cell Phone:
Address:	Date of Birth:	SSN:
Employer:	Work Phone:	Employer AD:
Driver's License:	Gender: _____ Age: _____ Race: _____	Height: _____ Weight: _____

I, _____ Hereby make this statement on my own free will:

☐ (Continued on Back)

I hereby swear or affirm that I have read this statement and that all facts and statements given by me are true and correct to the best of knowledge. **I will assume full responsibility for my statement and for notifying the agency if any stolen property or missing person herein reported is returned.** Furthermore, I understand that any false statement made by me could result in criminal charges being filed against me for making a false statement (13A-10-9 / 13A-11-11)

Signature

Date



Reporting Officer: _____

[illegible]

Offense(s): _____

Location: _____

Defendant(s): _____

Interviewed By: _____

Assignment

On: _____, at _____, at _____
Date Time Location

I, _____, after expressing my intentions to not prosecute in this case to Officer _____, and having them explain the procedures required in prosecuting and/or obtaining a warrant for the defendant's arrest, hereby acknowledge that I do not wish or intend to prosecute anyone, or to pursue this matter any further. Let this record reflect that I alone, of my own free will and accord, am solely responsible for making this decision.

Victim Signature: _____

Date: _____ Time: _____

Witness: _____ **Witness:** _____

TO ALL HEALTHCARE PROVIDERS: Having been advised of my right to refuse, I, _____, hereby consent to the release of my medical records to the University of North Alabama Police Department. This release is valid 90 days from the date of my signature.

Signature: _____

Date: _____