University Institute of Technology RGPV, Shivpuri
Witness Statement form

WITNESS INFORMATION
WITNESS NAME
WITNESS MAILING ADDRESS
WITNESS PHONE NUMBER
WITNESS EMAIL ADDRESS
DATE REPORT SUBMITTED

SUBMITTED ON: sitrgpv@gmail.com
RE: An incident / violation that occurred on or about:
[DATE]
ISSUE TITLE / ISSUE ID / REF. NO.

WITNESS STATEMENT State only the facts.

Attach additional sheets as needed. As a witness, your signature below indicates that the information you've provided on this form is truthful.

SIGNATURES

WITNESSNAME	WITNESS SIGNATURE	DATE

RECEIVER NAME	RECEIVER SIGNATURE	DATE