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

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

_____
Signature

_____ Incident Report # _____
Officer Name

CS-OPS3 01/09