



**COLLEGE of
CENTRAL
FLORIDA**
-an equal opportunity college-

**SILENT WITNESS STATEMENT
PUBLIC SAFETY**



If you have been a victim and/or witness to a crime or other incident on campus and would like to report it ANONYMOUSLY, please fill out the form below. You will not be identifiable to the Department of Public Safety. We are implementing this form to help report, incident crimes, and/or suspicious activity on campus. You may possibly be helping someone you know. If you have any questions about the program, please call extension 1261, email PublicSafety@cf.edu or stop by the Public Safety Office.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Are you a witness? Witness Or are you a victim? Victim

Incident date: MM/DD/YY _____

Incident time: _____

Location of incident: _____

Type of incident: _____

Tell us about the incident:

Please describe person(s)/suspect(s) involved. (i.e., name, physical description, vehicle description, etc.)

Additional contact information

Name: _____

Telephone: _____ Email: _____