Witness / Complainant's Statement

Date: _____ **Time:** _____ (Am/Pm) **Place:** _____

I, _____ **Date of Birth:** _____
(Your Name)

Of _____
(Complete Mailing / Physical Address)

Telephone: _____ / _____ **make the following written statement**
(Home) (Work)

To: _____ **of the Winter Harbor Police Department**
(Officer)

Pursuant to a Complaint of: _____ **Against** _____
(Offense) (Perpetrator)

I understand that the making of a false statement, which I do not believe to be true, constitutes Unsworn Falsification, a criminal offense pursuant to T. 17-A M.R.S.A. Section 453. I fully understand that if this statement is untrue and falsely made, I am subject to prosecution for the crime of Unsworn Falsification. I understand that Unsworn Falsification is a Class D crime punishable by a fine of up to $1,000 or by imprisonment of up to one year, or by both.
I have read and initialed each page of my statement, commencing below and consisting of the attached _____ page(s). I understand it, and state that it is true and not falsely made.

Signature: _____ Dated: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____