



DIPATTAMENTON GUAFI GUAHAN
GUAM FIRE DEPARTMENT
*Professionalism * Respect * Integrity * Dedication * Empathy*



Equal Employment Opportunity Witness Statement Form

Witness Name: _____
 Rank/Position: _____
 Station/Unit: _____
 Contact Info: _____

Statement of What You Observed:

Involvement:

Directly Involved Not Involved

Explanation (if involved):

How You Learned of the Event:

Saw It Heard It Told By Someone Other

Other Witnesses:

Supporting Evidence:

Texts Emails Photos Documents None

Certification:

I certify this statement is true and accurate.

Signature: _____ Date: _____