



**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: \_\_\_\_\_