Fashion Institute of Technology

Seventh Avenue at 27 Street
New York City 10001-5992
www.fitnyc.edu

Office of Security
Room D-442
(212) 217-7777

COMPLAINANT/WITNESS STATEMENT

COMPLAINANT ___ **WITNESS ___**

Incident #: **(Security Dept. Use Only)**_____

Name: _____

College ID #: _____

Address: _____

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Telephone #: _____

Date & Time of Statement: _____

Details:

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SECURITY

 Signature of Complainant/Witness _____

COMPLAINANT/WITNESS STATEMENT, cont'd

FIT SECURITY

 Signature of Complainant/Witness _____