



Safety & Security Department



25 Journal Square, Lower Level
Jersey City, NJ 07306
(201) 360-4080

Statement Form

Report #: _____

Name of person giving statement: _____

Telephone Number: _____

HCCC ID Number: _____

Please write your statement below:

Signature: _____ Date: _____ Time: _____

Department Use Only:

Officer Receiving Statement (Print): _____ Time: _____
Signature: _____ Date: _____