

BUCKSPORT POLICE DEPARTMENT
PUBLIC SAFETY BUILDING, 89 FRANKLIN STREET
P.O. BOX C-1, BUCKSPORT, MAINE 04416
(207) 469-7951 FAX: (207) 469-3122



POLICE CHIEF
Sean P. Geagan

SERGEANT
David E. Winchester

Bucksport Police Department
Witness / Complaint Form

DATE: _____ **TIME:** _____

PLACE: _____ (Where the statement is written)

I, _____
(WITNESS NAME)

ADDRESS: _____

DATE OF BIRTH: _____ **TELEPHONE #:** _____

make the following statement to: _____
(OFFICER'S NAME)

of the _____ pursuant to a complaint
(OFFICER'S DEPARTMENT)

of: _____ against _____
(OFFENSE) (PERPETRATOR'S NAME)

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 Title 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 punishable by a fine up to \$1,000.00 or by imprisonment of up to one year, or both.

_____ (initials)

I have read and initialed each page of my statement, commencing below and consisting of the attached _____ page(s). I understand it, and I state that it is true and not falsely made.

(WITNESSES SIGNATURE)

Dated: _____

(OFFICER'S SIGNATURE)

Dated: _____

