HUDSON COUNTY COMMUNITY COLLEGE

Safety & Security Department

Journal Square Campus
(201) 360-4080
North Hudson Campus
(201) 360-4777

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:** _____

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