



WITNESS NARRATIVE REPORT

Date of Incident: _____ (if known)

Date of this form was prepared: _____

Name of Person preparing this statement: (Please print) _____

Name of applicant suspected of fraud: _____

Please complete the statements below:

I became aware of the incident when:

After being notified, I took the following actions:

I heard the applicant make the following statement(s):

I (circle one) observed did not observe the applicant sign all the required forms.

I (circle one) observed did not observe the intake worker, _____

Explain the potential for prosecution under US Title 18 to the applicant.

Signed: _____

Date: _____