

Interview Form

Interviewee Name:	Case #:
Address:	M <input type="checkbox"/> F <input type="checkbox"/> DOB:
City, State, Zip:	W <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> Other <input type="checkbox"/>
Company:	Date of Employment:
Position:	Witness & Title:
Location:	
Interviewer:	

Do you consent to being interviewed?	_____ Interviewer	_____ Witness
Do you understand you are free to leave the room at any time?	_____ Interviewer	_____ Witness
Are you willing to cooperate fully with our investigation?	_____ Interviewer	_____ Witness
Do you understand the reason we are meeting privately is to protect the confidentiality of the case and also to honor your privacy?	_____ Interviewer	_____ Witness
Do you have any special requests?	_____ Interviewer	_____ Witness

Date:	Start Time:	Interview Location:
Break #1	Time:	Sketch of the Room Setting:
Reason:		
Break #2	Time:	
Reason:		
Break #3	Time:	
Reason:		
Interviewee left alone?	Time:	
Reason:		
	End Time:	

Have you answered all questions truthfully?	_____ Interviewer	_____ Witness
Is all of the information recorded on this form accurate?	_____ Interviewer	_____ Witness
Is there anything else you would like to say?	_____ Interviewer	_____ Witness
Was there anything you said that was not true?	_____ Interviewer	_____ Witness