

OFFICIAL STATEMENT

PRIVACY STATEMENT

PRINCIPAL PURPOSE: To document internal inquiries involving ADVA, and to allow ADVA officials to maintain discipline through investigation of complaints and incidents.

OTHER USES: Information provided may be further disclosed to federal, state, local government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding administrative disciplinary actions, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of information is voluntary.

1. WORK DEPARTMENT	2. DATE (YYYY-MM-DD)	3. TIME	4. FILE NUMBER
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5. LAST NAME, FIRST NAME, MIDDLE NAME	6. PERSONNEL NUMBER	7. GRADE/STATUS
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8. WORK ADDRESS

9. I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.

11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED, IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (*Continued*)

INITIALS OF PERSON MAKING STATEMENT

PAGE _____ OF _____ PAGES

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (*Continued*)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY AND WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT. I ALSO UNDERSTAND, AS STATED IN POLICY ADVAP 2-1 (Atch 2, Class A Infractions 2.f), **Misrepresentation of a material fact(s), or making a false statement(s) in connection with employment/job application, work related activity, record, report, investigation or other Agency related activity or proceeding,** WILL RESULT IN IMMEDIATE TERMINATION.

(Signature of Person Making Statement)

WITNESSES:

TITLE/POSITION:

INITIALS OF PERSON MAKING STATEMENT

PAGE _____ OF _____ PAGES