

CONSENT TO AUDIO RECORD STATEMENT- NON-DEPARTMENT MEMBERS

BUREAU OF INTERNAL AFFAIRS
CHICAGO POLICE DEPARTMENT

NAME OF INTERVIEWEE	LOG NUMBER	
LOCATION OF STATEMENT	DATE	TIME

TO BE COMPLETED BY INTERVIEWEE

I, _____ have been advised and fully understand that I have the option to have my statement audio recorded by the Bureau of Internal Affairs, Chicago Police Department, freely, voluntarily, without duress, coercion, or promises of any kind. I understand that I can terminate the audio recording of my statement at any time.

CHECK ONE:

I hereby authorize _____
PRINT NAME(S) OF INVESTIGATOR(S)
of the Bureau of Internal Affairs, Chicago Police Department to audio record my statement on:
_____ at _____ AM / PM.
DATE TIME

I hereby decline to have my statement audio recorded.

PRINT NAME OF INTERVIEWEE

PRINT NAME OF WITNESS

SIGNATURE OF INTERVIEWEE

SIGNATURE OF WITNESS

DATE

DATE