



U.S. Department of Justice

Stephen R. McAllister

United States Attorney

District of Kansas

QUESTIONNAIRE

General Information

Name of Victim:

DOB (Required for Minors Only):

If Victim is a Minor, Name of Guardian:

Address:

Phone No.:

Email:

Information Pertaining to 10/21/2016 Incident

How are you related to the incident?

Were you injured?

Briefly Describe Any Injury Sustained:

What treatment did you receive for your injury?

Provide the Name of the Treatment Facility:

Describe What You Saw and Experienced:

Once you became aware of the incident, were you instructed to:

If you were evacuated, how long before you were allowed to return?

Form must be submitted by 11:59PM CST on May 5, 2019.

This form must be downloaded and saved in order to submit it. Following are the options for submission:

Email: usaks.victim.witness@usdoj.gov

Fax: 913-551-6541

Mail: United States Attorney's Office
Attn: Victim Witness Assistant
500 State Ave
Kansas City, KS 66101