LONDON BOROUGH OF RESTRICTED (when complete) **TOWER HAMLETS HEALTH AND SAFETY**

Witness Statement

MG11

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CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

URN:							
Statement of:							
Age if under 18 (if over insert "over 18"): over 18 Occupation: Surveillance Operative							
This statement (consisting of Pages(s) each signed by me) is true to the best of my knowledge and belief and I make it							
knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.							
Name / Signature: Date: 29 th October 2021							
Tick if witness evidence is visually recorded: (Supply witness details on last page)							
Statement							
1. I am and I am employed by 2. I was instructed by to attend Natural Treatment, Artillery House, 35							
Artillery Lane, London, E1 7LP in order to conduct a test purchase task on behalf of the London Borough of Tower Hamlets.							
3. At approximately 12:23 hrs on the 29 th October 2021 I visited Natural Treatment, Artillery House, 35 Artillery Lane, London, E1 7LP.							
4. Prior to entering the premises I noted that the business is now signed as 'Essential Therapies' with the telephone number 02073927605 on the main overhead sign.							
5. Upon entering the premises there was a reception area with a reception desk to the right. I approached the reception desk. A middle-aged female of Asian appearance then entered the room from a small treatment room to my rear right hand side. The female wore dark shows, camel coloured trousers and a cream, wool-blend, half-length coat.							
6. I stated that I did not have an appointment but asked if I could have a forty-five minute massage to which the female replied yes. She said that that would be £50 and I gave her as 2x £20 notes and 1 x £10 note.							
7. The female then said that she would show me to the treatment room and guided me to the rear of the area where, behind an ornate medical privacy screen, there were four small treatment rooms, two to the left and two to the right. The female led me in to the first room on the left and told me to remove my clothes and lay face down on the bed.							
Name / Signature:							

LONDON BOROUGH OF TOWER HAMLETS HEALTH AND SAFETY

LONDON BOROUGH OF RESTRICTED (when complete)

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- 8. The room was dimly lit by lamps and the main lights were on a turned-down dimmer switch. The room was small with enough room to walk around the single massage table that was positioned in the centre of the room. There was a small sink at the far end of the room in front of a blacked-out window. There was an analogue clock on the left-hand wall. To the right there was a small storage seat where I placed my clothes. Pinned to the rear of the door there was a small sign that read 'We provide professional massage only. All massage therapists are qualified with training certificates. Please also be aware of your massage start time. Thank You'.
- 9. I undressed to my boxer shorts and lay face down on the massage table with a towel over my lower back and upper legs. A moment or so later, another female entered the room saying hello. She wore black leggings, flat black shoes and a dark sweater. The female spoke with a Russian accent.
- 10. The female tore a hole in the paper covering the aperture for my face. She then stood at my feet, grabbed my boxer shorts and removed them while simultaneously saying, "we take these off yes". She then covered my buttocks and lower back with the towel.
- 11. The female then proceeded to give me the massage. For the first 10 minutes or so, the massage was very typical in that she worked from my neck, shoulders and back using a robust and firm technique throughout. She did the same to my calves and feet.

The female then went on to massage my hamstrings and buttocks. At this stage she matter-of-factly asked if I wanted extras today. I asked what 'extras' cost and she said "handjob 25, topless handjob 35". I politely declined the offer. She said "ok" and told me to turn on to my back. She then went to the area behind my head, leant forward and massaged my hips. This meant that her breasts were rubbing on my face and she then said, "are you sure you don't want extra massage?". I again politely declined and she said that was ok.

At the end of the allotted time, we made some small-talk and she left the room. I got dressed and returned to the reception area where I was met by the first female. This female asked if the massage was good to which I replied that it had been very nice and thanked her.

I thanked her again and then exited the premises at approximately 13:06 hrs.

- 12. During this visit I was offered, without any previous suggestion by myself, services of an apparent sexual nature.
- 13. I declined all offers of such services.
- 14. Following my visit I immediately returned to my vehicle and wrote notes on the details of the event within a document on my work-issued smart-phone on 29/10/2021. I exhibit these as GF.004
- 15. I believe the facts stated in this witness statement are true.

Name / Signature:		_	

MG11

LONDON BOROUGH OF TOWER HAMLETS HEALTH AND SAFETY

Witness Details							
Home Address:	Post Code:						
Home Tel No: Work Tel No:	Mobile Tel No:						
Email Address:	Preferred means of contact: Email						
Best time of contact:							
Sex: Male Date & Place of Birth:	UK Former Name:						
Ethnicity Code (16+1):	Religion / Belief:						
Dates of Witness Non-Availability:							
Witness Care (please tick or type in box provide	d) Yes No						
a) Is the witness willing to attend court? (If no, in	nclude reason(s) on form MG6)						
b) What can be done to ensure attendance?							
c) Does the witness require a Special Measures intimidated witness? (If Yes, submit MG2 with							
d) Does the witness have any particular needs?							
If Yes, what are they? (Disability, healthcare, che mobility or other concerns?)	nildcare, transport, disability, language difficulties, visually impaired, restricted						
Witness Consent - For Witness Completion(pl	ease tick) Yes No N / A						
a) The Victim Personal Statement scheme (victime:							
b) I have been given the Victim Personal Statem							
c) I have been given the leaflet "Giving A Witness Statement to the Police – What Happens Next?":							
d) I consent to police having access to my medical record(s) in relation to this matter: (obtained in accordance with local practice)							
I consent to my medical record in relation to this matter being disclosed to the defence:							
	I consent to the statement being disclosed for the purposes of civil proceedings if applicable: (eg. Child care proceedings, CICA)						
g) The information recorded above will be disclosed to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services:							
Witness Signature:	Print Name:						
Parent/Guardian/appropriate adult Signature:	Print Name:						
Address and telephone number if different from above:							
Statement Taken By (print name):	Station:						
Time and Place Statement Taken:							

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Name / Signature:		