



SAFETY & SECURITY STATEMENT

Today's date: _____ Campus ID#: _____

Last name, First name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Location of Incident: _____ Date of Incident: _____ Time of Incident: _____

I am reporting the following (*check one*): Theft Missing Threat or Altercation
 Assault Accident Other _____

My role (*check one*): Victim Witness Other _____

Please describe the incident answering **who, what, where, when, how** as clearly as possible.
Use the back of this sheet if necessary.

I certify (or declare) under penalty of perjury under the laws of the State of Washington the above statement is true and accurate

Signature: _____ **Date:** _____