

SAFETY & SECURITY STATEMENT

Today's date:	Campus ID#:		
Last name, First name:		Phone Number:	
Address:			
		Zip Code:	
Location of Incident:	Date of Incident:	Time of Incident:	
I am reporting the following (check one):TheftMissi	ng Threat or Altercation	
AssaultAccidentO	ther		
My role (check one):Victin	nWitnessOther		
Use the back of this sheet if ne	ecessary.	when, how as clearly as possible.	
I certify (or declare) under penalty of per	riury under the laws of the State of Wash	nington the above statement is true and accurate	
Signature:	jury under the laws of the state of Wasi	Date:	
		= 3.0.	

Rev. 1/25/22