


OLYMPIC COLLEGE
Campus Safety Department
Statement Form

OC Case #:		Name:	
Date of Statement:		Street Address:	
Date/Time of Occurrence:		City, State, Zip:	
Location of Occurrence:		Phone #:	
Reporter is:		SID #:	

Statement

(Include descriptive details of incident, ie. who, what, when, where)

By providing my initials, I certify that the above statement is true and accurate, to the best of my knowledge.	

Received by:	
Date:	
Forward to:	