

Salt Lake Community College

Intake Form/ Witness Statement

Department of Security & Parking
Shane Crabtree 957-4571

(Please print all information legibly.)

Date _____ Employee Name _____
(Please print full name)

Address _____
 Street City State Zip Code

Department Position Work Telephone Home/Cell Telephone

Nature of "INCIDENT": _____

Time of "INCIDENT": _____

Name of Party's Involved: _____

The following is documentation of the events that has led to this Statement:
(Please be as specific as possible. Use names, places, dates every where that is possible, and be sure to give details. If you need more space, use the back of the page or attach further documentation. List witness names and any contact information for them.)

Please provide any relevant supporting documents. Give a brief description of the attachments:

1. _____
2. _____
3. _____

Please Provide names of other Witnesses:

I have read and understand the following:

1. I affirm that I have given the above information in good faith and it is true to the best of my knowledge.
2. The Public Safety Department, 957-4571, will assist you if you have questions or concerns.

(Signature)

Date _____

(Intake Officer Signature)

Date _____