BARTON COMMUNITY COLLEGE

CAMPUS SAFETY DEPARTMENT
VOLUNTARY STATEMENT
For Reporting an Incident

Name **Date** **Time**

Address **City** **State** **Zip**

Phone

Details of Incident **(Please include additional pages if needed)**

I have read the statement above and the facts contained therein are true and correct to the best of my knowledge.

Signature **Date**

Witness **Date**

Upon completion, please send to CampusSafetyOfficeGroup@bartonccc.edu