



**METROPOLITAN
COMMUNITY COLLEGE**

STATEMENT FORM

Date: _____

FOR OFFICE USE ONLY

MCC Report Num: _____

Pages: _____

Attachments: _____

I, _____, _____, _____, hereby state:
Print Name Clearly Employee/Student ID # Location of Incident

Date and Time Occurred:

DETAILS: Please describe the incident to the best of your knowledge. include names and phone numbers of witnesses or persons involved.

INSTRUCTIONS FOR SENDING THIS STATEMENT:

(This Instruction box appears On-Screen Only)

"Submitting by email" sends xml text only, it does not send the form.

No information is saved to this form. If you wish to retain a copy either print or follow the steps below....

1. Select "File" and "Save As"
2. Save the document to your desktop or personal drive.
3. Close web browser and open document from your location.
4. After completing the document, "Submit by Email" and re-save to your location.

I, further state that I have read this statement, initialed all pages and corrections. My signature and/or submission verifies that this statement is correct and true as written.

Signature Date Witnessing Officer Signature, Serial #

Address Telephone # Cell Phone

City, State Zip Code

STATEMENT FORM – Continuation

Page: _____

Initials: _____

DETAILS Cont:

[Empty rectangular area for details]