



League of United Latin  
American Citizens  
State of Wisconsin

5012 W. Ashland Way  
Franklin, WI 53132  
(414)389-7131

## INCIDENT REPORT

**Contact Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Incident:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Offending Person/Organization: \_\_\_\_\_

Name(s) of Offender(s)/Titles: \_\_\_\_\_

Describe Incident (print on back if more space needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of witness(es) (if any): \_\_\_\_\_

\_\_\_\_\_

**Statement of Accuracy:**

I have written all information included in this report and swear to its accuracy.

\_\_\_\_\_

Print Name

Signature

Date

Submit this completed report w/Witness report if available via mail or fax to address or fax number listed above.