



League of United Latin
American Citizens
State of Wisconsin

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

INCIDENT WITNESS 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.