

FIT IR: _____
 MPD / MFR: _____

Florida Tech Department of Security
Statement of Facts

Today's Date: _____ Incident Occurred Date: _____

Name: _____

ID #: _____ **Circle One: School ID # or State ID #**

Dorm/Local Address: _____

Phone: _____ **Circle One: Cell # or Home #**

In your own words and to the best of your recollection, explain the events that took place (who, what, when where, why, how). If you need more room, you may use the back of this form.

I voluntarily submit the following information as true and factual. I understand that falsification of statements and/or information may lead to Florida Institute of Technology student judicial proceedings and/or criminal prosecution.

Writer's Signature: _____ Date: _____

Officer's Signature: _____ Date: _____