



EAST TROY
COMMUNITY SCHOOL DISTRICT

DAMAGE/THEFT REPORT

Today's Date: _____

Name of Person Reporting: _____ Phone Number: _____

Address: _____

Date of Theft/Damage: _____ Time of Incident: _____

Briefly describe incident: _____

Who might have done the theft/damage? _____

Description of item stolen/damaged: _____

Estimated Cost of Item(s): _____

Would you like to file a complaint with the Village of East Troy Police Department? Yes No

For Office Use Only

Date Received: _____

Action Taken: _____

Administrator's Signature: _____ Date: _____