



# EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

## 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: \_\_\_\_\_