

THEFT REPORT FORM Mt. Vernon Township High School 320 South 7th Street Mt. Vernon, IL 62864		Student's Name/DOB _____	Report Date/Time
		Location of Theft (Be specific!) <input type="radio"/> Classroom <input type="radio"/> Hallway <input type="radio"/> Cafeteria <input type="radio"/> Parking Lot <input type="radio"/> OPE Area <input type="radio"/> Other	
Date of Theft	Time of theft		
<i>If locker theft</i>			
Was your locker locked?	Locker number/ combination	Does anyone else, that you are aware of, have this information? If so, who?	

I, _____, am a student/staff member at Mt. Vernon Township High School.
 I am making this statement to the Dean of Students.

Explanation of Incident (Please answer these questions to the best of your ability).

Description of Theft What was taken, size, shape, color, serial number, identifying marks. Describe the item(s) (in detail) that was/were stolen. Take your time; be specific. The better your description, the better the chances of recovery.

What is the approximate dollar value of the property stolen? \$_____

Do you have any suspicions about who may have taken your property or been involved? _____

If you do, why?

Would you be willing to press charges if the person who stole your property is caught? _____

If you see a person in possession of your property, do not confront the individual. Report to the Dean of Students immediately. If you don't know the name of the person who has your property, remember what they look like and what they are wearing.

Signature of Victim

Date

Time

Signature of Witness

Date

Time

Crime Stopper Coordinator

Date

Time

Comments