

Interfaith Community Partners Statement of Concern

Incident Date:	Time:	AM	PM
Person(s) Involved:			
Location of Incident:			
Describe Incident:			
Witness(es) Name, Address, Phone			
Action Taken:			
Reported By:	Date:		

Please us other side, if needed.

Mail completed form to:

Interfaith Community Partners
111 W. Harris Avenue
La Grange IL 60525

Email: jgarreauicp@gmail.com