

Documentation of Border Patrol Incident

We are gathering these facts to share information with our elected representatives. We will not share your name or identifying information in this process without your permission. Please let us know if you have confidentiality concerns. If we want to disclose any identifying information we will contact you first and get your permission in order to protect your privacy.

Name: _____ **Date:** _____

Phone number: _____

Email: _____

Action to report: (Example: checkpoint, raid, arrest, detainment, surveillance, etc)

Location & address of Border Patrol incident:

Date: _____ **Time:** _____

How many people were affected? _____

Were the agents in uniform? _____ **If, so what color was the uniform?** _____

Do you know the agent's name? _____ **If YES, it is** _____

Did you witness any violence, intimidation, use dogs or weapons? _____

Were there other witnesses? _____ **If so, please share their name and contact information.**

Do you have photos or video of the incident? _____

Was anyone taken away? _____ **If so, how many adults** _____ **children** _____?

What was the outcome? _____

Did you report it at the time? _____ **If so, to whom?** _____
What was the response?

Do you need help? _____

Please mail this form to: Coalition P.O. Box 162 Chimacum, WA 98325 or
St. Mary's P.O. Box 231 Chimacum, WA 98325