

PARTNER STATEMENT FORM

Partner name: Benjamin Cave	Today's Date: 4/25/2025
Partner Number: 32131913	Store Number/Location: 00765
Pronoun(s): He/Him	Job title:
1. Describe any and all incidents of the inappropriate	conduct/comments with details of WHAT, WHO, WHEN, WHERE,
WHY, and HOW:	
**Use the back of this page and/or additional paper as ne	eeded (sign name on any additional paper used).
2. Provide all dates and times the incident(s) took pla	rce:
3. Did you personally see and/or hear the conduct you	
a. If NO, who told you about the conduct you descr	
4. Provide the name and position of all partners who	may have witnessed the conduct/comments:
5. Any documents of incident(s), including text(s), pic	cture(s), video(s), social media, email(s), etc.? YES of NO (Circle one)
I acknowledge that Starbucks maintains confidentiality to the ex who, in good faith, reports potential violations of Starbucks Polic	ktent possible. Starbucks also strictly prohibits retaliation against any partner cies and/or Standards, or those partners who participate in investigations.
By checking this box, I certify that I am submitting this statem	nent in good faith and without coercion.
	Partner Signature: