

Missing Person Documentation Form

Case# _____ LEADS # _____

Missing Person Category:*

Name: _____

Sex: M F Race: _____ DOB: _____

Age: _____ Height: _____ Weight _____ Hair: _____ Eyes: _____

Miscellaneous: _____

Date of Last Contact: _____ Time of Last Contact: _____

Place of Departure: _____

I understand that I am requesting this * _____
to be entered into LEADS and NCIC and take full responsibility for such action. If s/he
returns home, I will notify the Police Department to cancel the message, and if I fail to
do so I will take full responsibility for any action from such failure to notify.

Complainant's signature

Relationship to Missing Person

Address

Telephone number

Date	Time
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Officer's signature

- *Missing Person Endangered
- *Missing Person Involuntary
- *Missing Mentally/Physically Disabled Person