

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

\_\_\_\_\_  
Officer's signature

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