
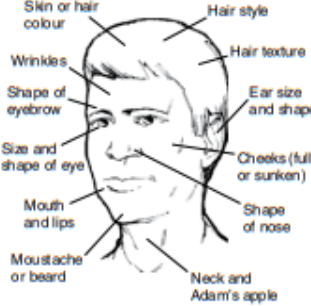




SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	HEIGHT	WEIGHT	RACE
HAIR (colour and style)	General appearance 			HAT (colour and type)
EYES (glasses)				COAT
COMPLEXION				SHIRT/BLOUSE
JEWELLERY				PANTS/SKIRT
SCARS/MARKS				SHOES
TATTOOS				TIE

Facial appearance	Write below specific facial details that you definitely remember.
	What did the suspect say?
	Describe any tool or weapon seen.

Vehicle			
			
Colour	Make	Model	Licence number
Body style		Damage or rust	
Antenna	Bumper sticker	Wheel covers	
Direction of travel			

General information	
Your name:	Did you receive first aid or other medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No
Today's date:	Has this incident been reported to the police or security? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Workplace branch or location:	If available: Police file # _____
Witness information (names and contact numbers):	
The incident	
Date of incident:	
Time of incident:	
Where did the incident happen (for example, the sales counter, stockroom, or hallway)?	
What type of incident was it (for example, verbal abuse, physical threat, pushing, slapping, or robbery)?	
Describe what happened. Include factors that led up to the incident.	
Describe the offender:	
<input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Height: _____ Weight: _____ Complexion: _____ Offender's name (if known): _____	
Any other information (for example, accent, hair colour, skin colour, tattoos, clothing, or footwear):	

