



Child Safety Report Suspicious Vehicles and/or Persons

School _____ Principal _____ Date of Contact _____

Person(s) Reporting Incident _____ Time of Contact _____

Person(s) Involved (*name, address, phone*) _____

Location of Incident _____

Date of Incident _____ Time _____

Description of Person(s) Ethnicity _____ Male _____ Female _____ Age _____

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Other (*height, weight, birthmarks, unusual features, etc.*) _____

Description of Clothing _____

Description of Incident (*what happened/specifics*) _____

If Vehicle(s) Involved: Make _____ License Number _____

Color _____ Style _____

Has the Sheriff been Notified? Yes No If so, by Whom? _____

Action to be Taken: _____