



Missing Persons Intake and Risk Assessment

This form must be completed by the investigating member upon the initial contact with the Complainant. In the event that the Missing Person returns prior to or upon initial contact with the complainant, this form is not required.

Occurrence No.	Date (yyyy-mm-dd)	Time (hh:mm)
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Complainant

Name	Home Telephone No.	Cell Phone No.	Work Telephone No.
Relationship to Missing Person	Address		

Previous Actions Taken Prior to Contacting the Police

Next of Kin

☐ Complainant is Next of Kin

Name	Home Telephone No.	Cell Phone No.	Work Telephone No.
Relationship to Missing Person	Address		

Missing Person Information

Name	DOB (yyyy-mm-dd)	Height (m)	Weight (kg)	Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Alias/Nicknames	Home Address			
In the care of social services? <input type="radio"/> Yes <input type="radio"/> No	Social services contacted? <input type="radio"/> Yes <input type="radio"/> No	Child welfare involved? <input type="radio"/> Yes <input type="radio"/> No		Sexual Orientation
Ethnic Origin	Cultural Affinity	Languages Spoken		

Eye Colour <input type="radio"/> Amber <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Grey <input type="radio"/> Green <input type="radio"/> Other specify:				
Eyewear <input type="radio"/> Contacts <input type="radio"/> Glasses <input type="radio"/> Both <input type="radio"/> None		Hair Length <input type="radio"/> Bald/None <input type="radio"/> Short <input type="radio"/> Medium <input type="radio"/> Long		
Hair Colour <input type="radio"/> Black <input type="radio"/> Brown <input type="radio"/> Blond <input type="radio"/> Red <input type="radio"/> Gray/White <input type="radio"/> Other specify:				
Facial Hair <input type="radio"/> None <input type="radio"/> Moustache <input type="radio"/> Goatee <input type="radio"/> Full Beard		Build <input type="radio"/> Slim <input type="radio"/> Average <input type="radio"/> Stocky <input type="radio"/> Heavy		

Distinguishing Marks / Tattoos / Scars / Physical Limitations

Clothing Description

Other Police Agency / Detachment to be Notified

School	School Address
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Place of Employment

Name	Address	Telephone No.
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Missing Persons Intake and Risk Assessment

Protected B
once completed

Missing Person Risk

Possible Reasons Person Went Missing (check all that apply)

- ☐ Abduction
 ☐ Transient
 ☐ Homeless
 ☐ Bullying
 ☐ Elderly Abuse
 ☐ Involved in Violent or Threatening Incident
☐ Relationship Status
 ☐ Violence in Relationship History
 Other Reasons:

Does the missing person have a history of going missing?

- ☐ No History
 ☐ Chronic/Habitual
 ☐ Repeat

If the missing person has previously been reported missing, specify where the missing person was located.

If the missing person has previously been reported missing, did he/she suffer any harm? If yes, specify the harm suffered.

- ☐ No
 ☐ Yes Harm Suffered:

Medical/Psychological Risk Factors

Physical Disabilities/Concerns (e.g. co-ordination/dexterity, speech impairment, blind / visual impairment, deaf / hard of hearing, mobility)

Psychological Concerns (e.g. Alzheimer's, bipolar, dementia, depression, developmental disorder, fetal alcohol spectrum disorder, PTSD, schizophrenia)

Prescription Medications

Last Known Psychological Status/Mood

Recent Changes in Behaviour/Situation/Habits

Suicidal?

- ☐ No
 ☐ Yes

Access to Firearms?

- ☐ No
 ☐ Yes

Previous Suicide Attempts? If yes, specify by which methods.

- ☐ No
 ☐ Yes Methods:

Fears/Phobias

Lifestyle Risk Factors

Alcohol Use?

- ☐ Yes
 ☐ No
 ☐ Unknown

Drug Use?

- ☐ Yes
 ☐ No
 ☐ Unknown

If the missing person uses drugs, please specify which and frequency of use

Gambling?

- ☐ Yes
 ☐ No
 ☐ Unknown

Hitchhiking?

- ☐ Yes
 ☐ No
 ☐ Unknown

Known to use prostitution services?

- ☐ Yes
 ☐ No
 ☐ Unknown

Victimized in the Sex Trade?

- ☐ Yes
 ☐ No
 ☐ Unknown

Associated with a Gang / Organized Crime?

- ☐ Yes
 ☐ No
 ☐ Unknown

If the missing person is associated with a gang / organized crime, please specify

Involved in any legal proceeding?

- ☐ Suspect
 ☐ Witness
 ☐ Victim
 ☐ No

Next/Last Court Date (yyyy-mm-dd)

Financial Concerns?

- ☐ Yes
 ☐ No
 ☐ Unknown

Other Possible Risk Factors (i.e. weather, inadequate clothing, terrain or lack of proper equipment)

Last Location/Communication

Last Known Address

Location Last Seen

Is the missing person familiar with the area?

- ☐ Yes
 ☐ No

Last Person who Saw the Missing Person

Date Last Seen (yyyy-mm-dd)

Time Last Seen (hh:mm)

Last Means of Communication with the Missing Person

- ☐ In Person
 ☐ Text
 ☐ Social Media
 ☐ Phone
 ☐ Email
 ☐ Other specify:

Last Person who Communicated with the Missing Person

Date of Last Communication (yyyy-mm-dd)

Time of Last Communication (hh:mm)

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Relationships / Affiliations / Social Medias

Family Dynamics

☐ Single Parent ☐ Child Custody ☐ Both Parents ☐ Foster Care ☐ No Known Family ☐ Unknown ☐ N/A

Marital Status

☐ Single ☐ Dating ☐ Married ☐ Common Law ☐ Divorced ☐ In the Process of Separating ☐ Unknown ☐ N/A

Name of Person in Relationship With	Telephone No.	Address
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Religious/Spiritual Affiliation	Spiritual Elder (if applicable)
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Friend/Associate	Telephone No.	Address

Known Social Media Site the Missing Person Uses	User Name / ID	Password

Habits/Hobbies/Interests

Has the missing person developed any new interests? If yes, please specify.

Frequent Hangouts

Participated in New Events? ☐ Yes ☐ No If the missing person participated in any new events, please specify which and when?

Items/Money

Money / Methods of Payment	Credit/Debit Card Numbers
Cash: <input type="checkbox"/> Credit Cards <input type="checkbox"/> Debit Cards	

Electronic Devices	Cell Phone No.	Cell Phone Provider
<input type="checkbox"/> Smart Phone <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Other		

<input type="checkbox"/> Passport	Other Personal Items
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Mode of Transportation Used/Available

☐ Personal Vehicle Make and Model: _____ Year: _____ Colour: _____ Licence Plate: _____

☐ Other Vehicle Make and Model: _____ Year: _____ Colour: _____ Licence Plate: _____

☐ Bus ☐ Taxi ☐ Bicycle ☐ Foot ☐ Hitchhiking ☐ Airplane

Forensic Evidences

Forensic Evidence	Seized?	To be Returned?
Diary	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Photo	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
DNA	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Dental Records	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Completed by

Rank	Full Name	HRMIS	Signature	Date (yyyy-mm-dd)
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Reviewed by (Supervisor)

Rank	Full Name	HRMIS	Signature	Date (yyyy-mm-dd)
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Exhibit: National Inquiry into Missing and
Murdered Indigenous Women and Girls

Location/Phase: Part 2 Regina

Witness: Brenda Butterworth-Carr

Submitted by: Anne McConville

Add'l info: P02 P02 P0401

Date: JUN 28 2018

Initials

I/D

Entered

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