

RUNAWAY REPORT FORM

Adapted with permission from Washoe County Human Services Agency.

Youth's Name:	Additional Names/Nicknames for Youth:
DOB:	Identification of Driver's License #:
Height: Weight:	Hair color: Eye color
Race:	Sex:
Scars, Birthmarks, or Tattoos:	Piercings:
Medical conditions/diagnosis:	Medications:
Home Phone:	Youth's Cell Phone Number
Physical description, clothing car:	Personal items taken:
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Law Enforcement Agency Called:	Runaway Police Report Number:
Agency Staff Name:	Agency Staff Email:
Agency Staff Phone Number:	Address Youth Ran From:
Date and Time of Run:	
Has NCMEC been notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No Report #
Is youth suspected of being trafficked	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Social media profile name(s) and password(s) [Please circle: Snapchat; Instagram; Facebook; YouTube; Twitter]:	
Any Address youth might run to:	
Relative of youth address, phone number email and employer:	
Name phone number and address of anyone Youth may have contact with (friends etc.):	
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Services in Place:	School and Grade:
Gang Affiliation/Name:	Probation Status:
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Suggested locations to distribute flyers of youth:	
Any information the MDT should know about the youth:	
Is there a current photo of youth? If yes, Insert picture of runaway below: <input type="checkbox"/> Yes <input type="checkbox"/> No	