

WomenSpirit Coalition Missing Persons Information Form

Personal Information

Full Name:

Age at Disappearance: Date of Birth:

Other Names :

Last Known Address:
Street Address Apartment/Unit #

City State ZIP Code

Phone: Email:

Height: Weight: Hair/Eye Color:

Biological Sex (M/F): Gender Identity:

Distinguishing Features:	
Medical Conditions:	
Scars, Marks, Tattoos, Etc:	

Is this person enrolled? YES NO Tribe:

Tribal Affiliations

Was this person homeless or transient at the time of the disappearance? YES NO

Areas Frequented

Has this person ever been arrested? YES NO

Provide Dates and Jurisdiction, if possible

Do you believe this person was the victim of sex or human trafficking? YES NO

If Yes, please explain why

Information Regarding the Disappearance

Has this person been reported missing to Law Enforcement? YES NO Date:

If interested, please consider filling out WSC's Law Enforcement Survey. This information will not be released to law enforcement, but will help WSC gather important information about tribal-police relationships that will impact the development of training, program guidelines and best practices
(LINK TO SURVEY)

Date of last contact With Family/Friends:

Please list Social Media Accounts, if known

Make

Model

Color

State Licensed

License plate

Noticeable Marks or Features

Contact Information

Family/Friends

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

Law Enforcement Contact (If Applicable)

Officer Name:

Email:

Phone :

Case Number

Jurisdiction

Disclaimer

By providing this information to WomenSpirit Coalition and filling out the "Law Enforcement Reporting Form" I understand that identifying information will be shared on the WomenSpirit Coalition website.

Non identifying information (such as age, tribal affiliation, gender, etc) may be shared with governmental and research agencies in an attempt to gather accurate data regarding missing individuals in Indian Country.

By checking this box, you are requesting assistance in contacting police for your missing loved one. This form will be forwarded to the appropriate law enforcement contact. You will be notified of the agency and someone may contact you regarding this case.

Check this box in lieu of a signature, authorizing that you have read and agreed to the above disclaimers

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Please provide any additional information below (who they were last with, what they were doing, their behavior, etc)