Lead Tracking System Tip/Lead Form

Date Reported:	Time: a.m. / p.m.	Taken By:
Entered into Lead Tracking: ☐ Yes ☐ No	Lead Tracking #:	Priority: ☐ HIGH ☐ Medium ☐ Low
Category: ☐ LE Lead ☐ Task ☐ Tip	*Entry Date:*	*Call Taker/Entered By:*

Brief Description:

Reporter's Name:	*DOB:*

Reporter's Phone(s): h: c: w:

Reporter's Address:

Incident Occurred Date:	*Incident Occurred Time: a.m. / p.m.*	*Status: ☐ Assigned ☐ Completed ☐ Pending ☐ Unassigned*

Source: ☐ Anonymous Caller ☐ Citizen ☐ Confidential Source ☐ Government ☐ Law Enforcement ☐ Media ☐ Military ☐ Person ☐ Physic ☐ Utilities Co.

Synopsis: Details of incident reported and location. Obtain as much information as possible and be as descriptive as possible.

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Address/Location of Incident:

Person 1 Name/Description:				*Relationship to Event: ☐ Subject ☐ Suspect ☐ Victim ☐ Witness ☐ ______*	
Race:	*Gender: ☐ Male ☐ Female ☐ Unknown*	*DOB/Age:*	*Hair:*	*Height/Weight:*	*Clothing:*
ID:		*Type of ID:*		*Scars/Marks/Tattoos:*	
Address:					
Phone(s): h. w. c.			*Email:*		
Vehicle Tag/Description:		*Color/Damage/Stickers:*			*Make/Model:*

Person 2 Name/Description:				*Relationship to Event: ☐ Subject ☐ Suspect ☐ Victim ☐ Witness ☐ ______*	
Race:	*Gender: ☐ Male ☐ Female ☐ Unknown*	*DOB/Age:*	*Hair:*	*Height/Weight:*	*Clothing:*
ID:		*Type of ID:*		*Scars/Marks/Tattoos:*	
Address:					
Phone(s): h. w. c.			*Email:*		
Vehicle Tag/Description:		*Color/Damage/Stickers:*			*Make/Model:*

Assigned to:	*Date:*
Reviewed by:	*Date:*
Completed by:	*Date:*