Lead Tracking System Tip/Lead Form

Date Reported:	Time: a.	m. / p.m.	Taken B	y:		
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. /			a.m. /	Status: 🔲 Assigned 🔲 C	Completed	□Pending □Unassigned
	<i>p.m.</i>					
Source: 🗌 Anonymous Caller 🔲 Citizen	Confidential Source Govern	ment 🗌] Law Enfoi	rcement 🔲 Media 🔲 Military	y 🗌 Pei	rson 🔲 Physic 🔲 Utilities Co.
Synopsis: Details of incident reported and location. Obtain as much information as possible and be as descriptive as possible.						
Address/Location of Incident:						
Demons d Name/Description:						
			Relationship to Event: Subject Suspect Victim Witness			
					Clothing:	
ID: Type of ID: Sca			Scars/M	Marks/Tattoos:		
Address:						
Phone(s): h. w. c. Email:						
Vehicle Tag/Description: Color/Damage/Stickers:				Mak	Make/Model:	
Person 2 Name/Description:				Relationship to Event: Subject Suspect Victim Witness		
Race: Gender: Male Female] Unknown DOB/Age:	Hair:		Height/Weight: Clo	othing:	
ID: Type of ID: S		Scars/Mai	larks/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: