

Stalking Incident Log

Offender's Full Name: _____

Nicknames or Aliases: _____

Home Address: _____

Date of Birth: _____

Sex: _____ Race: _____ Age: _____

Driver's License Number: _____

Home Number: _____ Cell Number: _____

Additional Number: _____

Does he/she have access to weapons? Yes No

List weapons: _____

Has he/she been arrested? Yes No

List reasons for arrest(s): _____

Does he/she use drugs or alcohol? Yes No

How frequently? _____ List drugs: _____

Offender's Physical Characteristics

Height: _____

Weight: _____

Hair Color: _____ Eye Color: _____

Glasses: _____

Tattoos: _____

Scars: _____

Offender's Vehicle Information

License Plate Number: _____

Make of Vehicle: _____

Model: _____

Color: _____

Offender's Employer Information

Employer/Company Name: _____

Supervisor: _____

Address: _____

Phone number: _____

Occupation: _____

Date of Incident: _____ Time of Incident: _____ Address of Incident: _____

Witnesses _____

Contact Number: _____

Describe Evidence (property damage, email, phone message, letter, gift, video, recordings, etc) _____

Description of Incident: _____

Was the Incident Reported to Law Enforcement? Yes No

Date Reported: _____

Law Enforcement Agency: _____

Responding Officer: _____

Badge Number: _____

Incident Report Number: _____

Was the Offender Arrested for this Incident? Yes No