



Asante Visitation Center, 2210 E. Highland Ave. Suite 101, San Bernardino CA 92404

Incident Report

Action Taken (give actions taken to prevent or resolve the incident and to mitigate the circumstances surrounding the incident):

Medical Care Sought/ Administered: Explain:

Law Enforcement Information (if applicable):		
Report Number:	Date Made:	Agency:

Suspect's Information (if abduction is suspected, or if an accomplice to the runaway child):		
Name:	Relationship to Child:	
DOB:	SSN:	Driver's License Number:
Does the suspect have a criminal history or history of violence? Explain below:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Give information on the abductor (motivation, description of car, and where you suspect abductor may be going):

Description of Child (if Runaway or Abduction):				
Height:	Weight:	Eye Color:	Hair Color/Style:	Race:
Scars/Tattoos (and where located):				
Clothing Worn:				

Signature of Asante Visitation Specialist:			Date:	
Name of Agency/Person Report Mailed to:				
Referring Agency: <input type="checkbox"/> DCS <input type="checkbox"/> Family Law <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____				
Name of Agency/Parent/Caretaker:			Date Report Faxed:	
Address:		City:	CA	Zip:
Name of Contact Person:				
Tel.#:		Fax#:		Email address: