





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

**Incident Report**

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

<b>Medical Care Sought/ Administered: Explain:</b>

<b>Law Enforcement Information (if applicable):</b>		
Report Number:	Date Made:	Agency:

<b>Suspect's Information (if abduction is suspected, or if an accomplice to the runaway child):</b>		
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

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

<b>Description of Child (if Runaway or Abduction):</b>				
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: