

A Child is Missing (ACIM) Information Form

Supervisor: Complete this form and provide the information when reporting a missing person to “A Child is Missing”

“A Child is Missing” Contact Numbers: (888) 875-2246, (954) 763-1288, or pager: (954) 492-4778

Name of Missing Person: _____ D.O.B. _____ Gender: _____

Nationality: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Any other characteristics such as glasses, tattoos, piercing, scars? _____

Clothing Description: _____

Location last seen (including zip code) : _____

(for the location, provide accurate spellings and include and provide the nearest major intersection)

Residence *(if difference than “last seen” location)*: _____

Date and Time last seen: _____ Is the person a habitual runaway? _____

Were friends/family notified? _____ Is there water or wooded areas near the last seen location? _____

Did the person leave in a vehicle, bicycle, skateboard etc? _____

If in a vehicle, description, license plate etc? _____

Is foul play suspected ? _____ Any confrontation prior to person’s disappearance? _____

Does missing person have a substance abuse problem? _____ Does missing person take any medications? _____

Name of Law Enforcement Agency: **Cleveland Division of Police** State: **Ohio** County: **Cuyahoga**

RMS #: _____ Agency telephone number for public to call with information: **(216) 623-5800**

Name of Officer in Charge of case: _____ Contact Number for OIC: _____