



Shoplift Release Report

This form must be filled out in full and faxed/mailed to the Peterborough Police Service at the time of the occurrence.

Your Case Number	Police Case Number
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Store Name:		
Offence Type:	<input type="checkbox"/> Theft Under \$5,000 <input type="checkbox"/> Fraud Under \$5,000 <input type="checkbox"/> Possession Stolen Property	
Offence Date (YYYY-MM-DD):	Arrest Time (HH:MM am/pm):	Release Time:

Officer Contacted (Rank, Surname):	Badge #:	Date (YYYY-MM-DD):	Time (HH:MM am/pm):
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VICTIM INFORMATION

Victim Company Name:	Phone #:
Address - Street:	City: Province: Postal Code:
Total Value of Loss:	
Secondary Victim Name (Operated as):	Phone #:
Address (If different than Victim) - Street:	City: Province: Postal Code:

COMPLAINANT INFORMATION

Surname:	Given 1:	Date of Birth (YYYY-MM-DD): or Age:	Phone #:
Address - Street:	City:	Province:	Postal Code:
Company Name:	Phone #:		
Business Address (If Different than Victim) - Street:	City:	Province:	Postal Code:

WITNESS/PARTNER INFORMATION

Surname:	Given 1:	Date of Birth (YYYY-MM-DD): or Age:	Phone #:
Address - Street:	City:	Province:	Postal Code:
Company Name:	Phone #:		
Business Address (If Different than Victim) - Street:	City:	Province:	Postal Code:

SUSPECT INFORMATION -

Surname:		Given 1:		Given 2:	
Date of Birth (YYYY-MM-DD): or Age:	Racial Origin:		Gender:		Phone #:
Address – Street:		City:		Province:	Postal Code:
Business OR School Name:		Occupation or School Grade:		Business Phone #:	
Address – Street:		City:		Province:	Postal Code:
Height (Specify if in ft and inches or cm):		Weight (Specify if lbs or kg):		Hair Colour:	
Hair Length:	Hair Style:		Eye Colour:		
Build:	Complexion:		Beard: Yes No		Moustache: Yes No
Facial Hair Colour:		Glasses: Yes No	Accent: Yes No	Teeth:	Right/Left Handed:
Birth Place:	Citizenship:		Port of Entry:		Date of Entry (YYYY-MM-DD):
Drivers Licence #:			Scars/Tattoos Location:		
Description of Scars/Tattoos:				Money on Hand:	
Next of Kin Surname:		Given 1:		DOB (YYYY-MM-DD): or Age:	
Address - Street:		City:		Province:	Postal Code:
Relationship:		Notified: Yes No If Yes, Time:			
Identity Confirmed With: Drivers Licence S.I.N. Card Age of Majority Card Photo I.D. Other, specify:					

SYNOPSIS/FACTS IN ISSUE

I, _____, am employed by _____
at _____
I have been employed as a store investigator since _____

On _____, the _____ of _____, _____, at approximately _____, I observed the
culprit, _____,
in the _____ department

Signature of Investigator: _____