

222 South Walnut Street • Appleton, WI 54911-5899 (920) 832-5500 • Fax (920) 832-5553 http://www.appleton.org/police

## RETAIL THEFT REPORTING PROCEDURE

## **INSTRUCTIONS FOR STORE EMPLOYEES**

Before reporting a Retail Theft, please follow below for proper reporting procedures:

Contact the Appleton Police Department (911 for emergencies) immediately if:

Retail Theft is occurring right now or has just occurred, or;

The suspect is in custody, or;

The suspect physically resisted or was armed with a weapon, or;

Any employee or bystander was injured, or;

Retail Theft is discovered at a later date (video review) AND the amount is over \$1000.00.

## Complete a Retail Theft Packet if any of the below situations apply:

- The suspect is NOT in custody, or;
- If there is any reporting delay as a result of store policy or procedures, or;
- Retail Theft is discovered at a later date (video review) AND the amount is under \$1000.00.

## The Retail Theft Packet must contain ALL of the information below:

- Full and complete report (on your form or ours) with a full description of the incident, signed by the reporting party.
- Name, date of birth, address, phone number and position of the reporting party.
- List of all witnesses including:
  - o Name, Date of birth, Address, Phone number
  - o Description of their observations
- Full list of property stolen or damaged (on your form or ours) including full description of the item, price and the stock number, SKU or UPC. In cases where a serial number is available, include the serial number.
- Complete description of the suspect(s) and vehicle(s) including names (if available) and license plate (if available).
- Copies of any relevant surveillance video including:
  - o Still images of any suspect or vehicle
  - o Description (in the incident report) of the activity observed on the video and the specific location of the activity (time stamp) on the video
- A description and full information regarding any related incidents at this store or other stores.

When the report is fully completed, please contact the Appleton Police Department at (920) 832-5500 and request an officer to your location. An officer will review the completed report and pursue the appropriate course of action.



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RETAIL THEFT INCIDENT (To be completed by employee)

Reporting Date:	Date & Time of Incident:				_ AM / PM	
	Date of Birth:					
Address, City/State/Z	ip:					
Cell Phone:	Home Phone: _			Work Phone:		
Suspect #1: Sex Description:	Race	_ Height _	Weight	Hair	Eyes	
(Clothing d	escription -	– jacket, sh	irt, hat, sho	oes, glasses, f	facial hair, etc.	)
Suspect #2: Sex Description:	Race	_ Height _	Weight	Hair	Eyes	
(Clothing d	escription -	– jacket, sh	irt, hat, sho	oes, glasses, f	acial hair, etc.	)
Suspect #3: Sex Description:	Race	_ Height _	Weight	Hair	Eyes	
,	-			pes, glasses, f in incident d	acial hair, etc. escription)	)
1	/	Vehicle	Description	on:		
License Plate Stat	e Year	Make	Model	2DR / 4DI	R / SUV / TRK	Color
Witness:				Dat	e of Birth:	
Address, City/State/Zip: Home Phone:				Work Phone:		
Witness:					e of Birth:	
Address, City/State/Z	ip:	ma Dhanai		Work	Dhonos	
Cell Phone:	H01	ne Pnone:		w ork	rnone:	
Witness:				Dat	e of Birth:	
Address, City/State/Z						
Cell Phone:	Hoi	me Phone:		Work	Phone:	

# POLICE City Of WISCONSIN

# APPLETON POLICE DEPARTMENT

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Did the suspect(s) have consent to steal property? Y / N (circle one)

Have these suspects been involved in any other thefts that you are aware of? Y $/$ N (circle one)
Was there property damage? Y / N (circle one) Total amount: \$
Was there property loss? Y / N (circle one) Total amount: \$
Is there security video footage of suspects, theft, or suspect vehicle? Y $/$ N (circle one)
*Save any security video, still shots, and receipt for merchandise*
Incident Description:



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Employee signature:	Date



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# ITEMIZED REPORT OF DAMAGED / STOLEN PROPERTY

(Use this form or an appropriate substitute)

Brand/Make/Model	Serial #	Description	Value
		Loss Total	\$