



APPLETON POLICE DEPARTMENT

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:
 - Name, Date of birth, Address, Phone number
 - 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:
 - Still images of any suspect or vehicle
 - 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 _____

Reporting Employee: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Suspect #1

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Description (Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.):

Suspect #2

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Description (Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.):



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Suspect #3

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Description (Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.):

(If additional suspects, put information in incident description)

VEHICLE DESCRIPTION

License Plate: _____ State: _____ Year: _____ Make: _____

Model: _____ Color: _____ Body/Style: _____

Other:

WITNESS INFORMATION

Witness: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____



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Witness: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Witness: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Did the suspect(s) have consent to steal property? Yes _____ No _____

Have these suspects been involved in any other thefts that you are aware of?

Yes _____ No _____

Was there property damage? Yes _____ No _____ Total Amount: \$ _____

Was there property loss? Yes _____ No _____ Total Amount: \$ _____

Is there security video footage of the suspects, theft, or suspect vehicle?

Yes _____ No _____

Save any security video, still shots, and receipt for merchandise



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INCIDENT DESCRIPTION

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	\$



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