

Bad Date Reporting Form



Staff Name: _____ Sex Worker (Name or Alias): _____

Date of incident: _____ Date of Report: _____

Time of incident: _____ am _____ pm

Location picked up: _____ Location of incident: _____

Picked up by: Foot Car Truck Bicycle Other _____

Description of vehicle: _____		outside clean	outside dirty
Colour: _____	License Plate: _____	inside clean	inside dirty
Smell: _____	Size _____	Anything on the seat? _____	
Old / New _____	Make of vehicle? _____	Circle type of vehicle:	
			
Other details about the car _____			

Suspect Description: Age: _____ Name _____ Hair colour: _____ Hair type: _____
Facial Hair _____ Height: _____ Weight: _____ Build: _____ Wearing: _____
Tattoos (what and where) _____ Scars (what and where) _____
Smell (Cologne? Substances? Dog?) _____ Accent? _____ Perceived nationality _____

What happened? Assaulted Robbed Raped Punched Kicked Strangled

* Have you reported this date anywhere else? _____
* Would you like this to appear on the Red Light Alert? _____ **Fax WISH 604-669-9479**