SPARKS POLICE DEPARTMENT MISSING PERSONS REPORT INSTRUCTIONS

1. Complete the entire form in legible handwriting including physical description and clothing/personal effects.

2. Case number will not be available when Northern Nevada Adult Mental Health Services staff completes the form.

3. In the section for "**MH/DS Commitment Status**" it is important to put the correct dates. The "Administrator's pick up request" is to be marked for voluntary patients for whom the physician has given the order to notify the police department.

4. License plate and vehicle information may not be applicable. Draw a single line through this section if it is not applicable.

5. The Registered Nurse needs to sign their name legibly on the "Northern Nevada Adult Mental Health Services Reporting Staff" line.

6. "**Dangerousness Level" and "NCIC**" (National Crime Information Center) reporting is defined in the policy. If it is believed possible that the patient may leave the Reno/Sparks area, box #1 is to be checked; box #2 is checked for other patients.

7. Print the name, address and phone of **any known possible victims**. If none are known, write "none known".

8. On page two, print the staff person who last saw the patient.

9. Designate if the patient has been a prior runaway; do not worry about the case number.

10. If known, complete the section "**Names of Close Friends**". If none are known, write "none known".

11. If known, complete the section "**Possible Destinations**". If none are known, write "none known".

12. Complete section "Circumstances of AWOL/Escape" in clear, legible handwriting.

13. Registered Nurse to sign and date the "Complainants Signature" line.

SPARKS POLICE DEPARTMENT MISSING PERSONS REPORT

14. Photocopy the patient's picture utilizing the "Photograph Copy" contrast selection on the copy machine.

15. Completed form and photograph copy is to be faxed to the Sparks Police Department.

16. The completed form and the fax confirmation slip are to be forwarded to the NNAMHS Performance Improvement Office on the next working day.

ADMINISTRATOR'S LETTER FOR AWOL's

1. Fill out the form completely using legible handwriting.

2. Fill in the "Date" line.

3. Print the patient's name.

4. Fill in the "Date of Admission to Division Facility".

5. Fill in the "Date of Commitment to Division Facility". If this in not applicable, write "Not applicable".

6. The physician is to sign and date the forms as the Administrator's Designee. If the physician is not present, the RN who receives the physician's verbal or telephone order is to sign the physician's name followed by "/" and their name (ie: Dr. Bob Jones/Nancy Smith, RN).

7. The completed form is to be faxed to the Sparks Police Department.

8. The completed form and the fax confirmation slip are to be forwarded to the NNAMHS Performance Improvement Office on the next working day.

Attachments

Appendix 1 = SPD Missing Persons Report Instructions then two page form

Appendix 2 = NNAMHS Letter instructions and letter

Appendix 3 = AWOL Report Instructions and then sample form