

HALES CORNERS POLICE DEPARTMENT

5635 S, New Berlin Rd. Hales Corners, WI 53130 (414) 529-6140

RETAIL THEFT REPORTING PROCEDURE INSTRUCTIONS FOR STORE EMPLOYEES

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

•	Contact the Hales Corners Police Department <u>immediately</u> if:
	Retail Theft is occurring right now or has just occurred, or;
	The suspect physically resisted or was armed with a weapon, 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.
P	acket 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 - Description of their observations
	Full list of property stolen or damaged (on your form or ours) including full description of the item
	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 reports are complete, please deliver the entire packet to:

Hales Corners Police Department 5635 S. New Berlin Rd. Hales Corners, WI 53130

An officer will review the report and determine the appropriate investigative strategy.

DELAYED REPORTING OF RETAIL THEFT INCIDENT (TO BE COMPLETED BY EMPLOYEE)

Reporting Date:	D	Date & Time of Incident:				_ AM / PM
Vehicle Description:						
License Plate State	Approx. Year N	lake	Model 2DR / 4I	OR / SUV / TRK	Color	
Suspect #1 Description: Se	ex Race	Height	Weight	Hair	Eyes	
Description:						
(Clothing description -	- jacket, shirt, hat, shoes, gl	asses, facial hair, etc.)				
Suspect #2 Description: Se	ex Race	Height	Weight	Hair	Eyes	
Description:						
(Clothing description -	- jacket, shirt, hat, shoes, gl	asses, facial hair, etc.)				
	(If addition	al suspects, put informa	tion in narrative)			
Incident Description:						
				.		
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Address, City/State/Zip:		
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Cell Phone: F	Home Phone:	Work Phone:
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:
Save ar	ny security video and rec	ceipt for merchandise
Reporting Employee:		Date of Birth:
Reporting Employee:		
Reporting Employee:Address, City/State/Zip:		Date of Birth: Phone:
Reporting Employee:Address, City/State/Zip: Did the suspect(s) have consent to st	teal property? □ Yes /	Date of Birth:Phone:
*Save and Reporting Employee: Address, City/State/Zip: Did the suspect(s) have consent to standard these suspects been involved in the standard these standards are standard to standard the	teal property? Yes / n any other thefts that y	Date of Birth:Phone:



HALES CORNERS POLICE DEPARTMENT RETAIL THEFT REPORTING PROCEDURE

ITEMIZED REPORT OF DAMAGED / STOLEN PROPERTY

(Use this form or an appropriate substitute)

BRAND/MAKE/MODEL	SERIAL#	DESCRIPTION	VALUE
		TOTAL DAMAGE	\$
		TOTAL LOSS	\$