



# Lake Havasu City Police Department

Date Observed Behavior (s): \_\_\_\_\_

Child's Name and Age if known: \_\_\_\_\_  
Name Age

Name of adult, teen or child at risk to abuse, or suspected (if known):  
\_\_\_\_\_  
Name

Time of day: \_\_\_\_\_

Describe behaviors as specifically as you can (e.g., nap time with siblings, games at family picnic):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe behaviors as specifically as you can (e.g., what you saw and heard):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: when you first noticed the behavior, how often you have seen it, and any other behaviors that may concern you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: anything you said, or did; what happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your concern.