



SPECIAL CONCERNS RESPONSE INFORMATION

Lake Forest Police Department

City of Lake Forest residents can use this form to provide information to be entered into the computer-aided dispatch system for the Lake Forest Police and Fire Departments.

General Information about the Special Concerns Person:							
Last Name		First Name		Middle Name		Nickname	
Address				Home Phone			
Email				Cell Phone			
Birthdate	Race	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Hair Color	Eye Color	Photo <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/School Address (ONLY IF IN LAKE FOREST)							
Special Concern or Conditions							
Medications			How does this medication affect actions, responses, senses, potential for violence, etc.				
Suggestions/Techniques/Actions that can be taken to successfully resolve a confrontation							
This Special Needs Person is: (check all that apply): <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Sensitive to light <input type="checkbox"/> Likely to hide <input type="checkbox"/> Sensitive to touch <input type="checkbox"/> Likely to fight <input type="checkbox"/> Afraid of Police or uniforms <input type="checkbox"/> Verbally abusive <input type="checkbox"/> Violent <input type="checkbox"/> Subject to seizures <input type="checkbox"/> Other (explain) _____				Please list any "activations: or "triggers" which may escalate an encounter. What actions should be AVOIDED by First Responders?			
RESPONSIBLE PARTY COMPLETING THIS FORM							
Last Name		First Name		Middle Name		Relationship	
Address (Street Address, City, State, Zip)							
Home Phone			Cell Phone			Work Phone	

Signature _____ Date _____

You may deliver this form in person or by mail to the Lake Forest Police Department, 255 W. Deerpath, Lake Forest IL 60045, by fax 847-615-4382 or by email to: Commander Michael Lange langem@cityoflakeforest.com.

Lake Forest Police Department		
<input type="checkbox"/> New Applicant	<input type="checkbox"/> Updated Information	<input type="checkbox"/> Renewal
Date Received	Entered in CAD by:	Date/Time
	Copy to FD by:	Date/Time