



BAILIWICK OF GUERNSEY  
LAW ENFORCEMENT

# The Herbert Protocol

## Person Report

Please complete this form using **BLOCK CAPITALS** and keep with your resident's records

<b>Forename:</b>	
<b>Surname:</b>	
<b>Preferred name to be used:</b>	

Person's Personal Details and history			
<b>Age:</b>	<b>DOB:</b>	<b>Sex:</b> Male      Female Trans	<b>Disability:</b> Physical      Learning      Mental Impairment
<b>Nationality:</b>		<b>Religion:</b>	<b>Marital Status:</b>
<b>Build:</b>		<b>Height:</b>	<b>Hair Style:</b> <b>Hair Colour:</b>
<b>Facial Hair:</b>		<b>Eye Colour:</b>	<b>Glasses:</b> <b>Accent:</b>
<b>Place of Birth:</b>			
<b>Details of habitual clothing and jewellery:</b>			
<b>Mobile phone details:</b>		<b>No:</b>	
<b>Previous school/employment addresses:</b>		Tel No:	
		Owner information:	
		Tel No:	
		Tel No:	
		Owner information:	
		Tel No:	
		Owner information:	

<b>Previous occupation(s):</b>  <i>Please see notes section if more room is required and note years worked at the locations</i>			
<b>Medical:</b>	<b>Medical condition(s):</b> <i>(and how they may affect the person)</i>		
	<b>Medical causes for concern:</b>		
	<b>Medication and times to be taken:</b>  <b>Where their medication is normally kept?</b>		
<b>Medication:</b>	<b>Implications of missing person missing their medication:</b>		
<b>Mental:</b>	<b>Known mental health issues:</b> YES    NO		
<b>Alzheimer's/Dementia:</b>	Stage 1    2    3 Previous history of wandering – YES/ NO	<b>Address found:</b>	

Access to Vehicles:	VRN	Model	Make	Colour	Description	Location

		Yes	No
<b>Additional Risk Questions:</b>  <i>Please add any comments relevant to 'yes' answers.</i>	History of attempted suicide or self-harm		
	Suffers from depression		
	Previously reported missing		
	Drug or Alcohol dependent		
	Access to money		
	Danger to others		
	Domestic violence marker		
	On Child Protection register		
<b>Additional Comments / Other General Concerns</b>			

<b>Additional Personal Details</b>		
<p><b>Other Relevant Information:</b></p> <p><i>Previous addresses and people the resident knows.</i></p> <p><i>Please indicate if it is a previous address and when they last lived there.</i></p>	<b>Address 1:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 2:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 3:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 4:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 5:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 6:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 7:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 8:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 9:</b>	<b>Associated Person:</b>
		Tel:
	<b>Address 10:</b>	<b>Associated Person:</b>
		Tel:
<p><b>Previous Missing from Home History:</b></p> <p><i>Please refer to notes section if more room is required</i></p>		

<b>Details of missing person's GP:</b>	GP / Practice:	
	Full Address:	
	Tel:	
<b>Passport Details:</b>	Passport No:	

<b>Marks / Scars / Tattoos</b>			
<i>Options listed below for guidance, give full and accurate description for each entry</i>			
<b>Type:</b>	<b>Location:</b>	<b>Body Part:</b>	<b>Description / Comments:</b>
<b>Type:</b>	Birthmark / Brace / False / Lacking / Mark / Mole / Peculiar / Pierced / Scarred / Tattoo		
<b>Location:</b>	Back / Both / Centre / Front / Left / Lower / Right / Upper		
<b>Body Part:</b>	Abdomen / Ankle / Arms / Back / Breast / Brow / Buttocks / Calf / Cheek / Chest / Chin / Ears / Elbow / Eyes / Face / Fingers / Foot / Forehead / Genitals / Hand / Head / Hip / Legs / Lips / Neck / Nose / Scalp / Shoulder / Skin / Teeth / Thigh / Toes / Tongue / Wrist		

**PHOTOGRAPH(S) OF MISSING PERSON**

## INFORMATION FOR INFORMANTS AND NEXT OF KIN

### What actions can you expect from the Guernsey Police:

From the information you have provided a risk assessment will be made in respect of the resident should they go missing

Please make this information available to an Officer and if the need is required specialist Officers will be used in order to locate the missing person and continue with enquiries.

Investigating Officer(s) will be required to make further enquiries including searches within your home or any location linked to the missing person, your assistance with this will be greatly appreciated.

We will check all available lines of enquiry from the information that is known and has been provided.

### What we need from you:

We will need a recent photograph of the missing person so that images of the missing person can be passed to patrolling Officers and Joint Control Centre staff. Permission for the image to be released to the media and circulated on the internet would be appreciated if the circumstances suggest that we require this at a later time.

Should you have any queries at any stage please do not hesitate to contact us.

Name:	Signed:
Family member:  Do you give permission for a media release to be sent including a photo of the missing person if the person is reported missing?  Yes / No (circle your answer)	
Supervisor/carer:	

**NOTE:** If a media release with a photo has been released this will be removed from all social media sites when the missing person is located or at any time requested by the family or carer.





**This section is to be completed only when the person goes missing as it will have the latest information which may be vital in locating the person.**

**Resident Details**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Time, date and location last seen: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last seen by: \_\_\_\_\_

*Place photo here, including  
date of photo*

Risk factors (mark all which apply with an X):

Suicidal  Depressed  Confused  Alcohol  Violent  other (describe)

Description of what the person was last seen wearing. Including colour, designer labels / brands:

Shirt/Sweater:

Trousers:

Outerwear, e.g coat, jacket:

Headwear:

Gloves:

Scarf:

Footwear:

Jewellery, e.g watch, rings

Anything they are carrying:

Other:

Medical condition(s) and effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication required and consequences if not taken (*has it been taken?*)\_\_\_\_\_

Cash taken (if known): \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Have they got their mobile phone on them?            YES    NO

Any topics recently spoken about?  
(*Previous occupations, addresses, persons, wanting to do something?*):

\_\_\_\_\_  
\_\_\_\_\_

Media release? Yes / No\*

On Call manager aware: Yes / No\*            *\*delete as appropriate*

An electronic version of the missing persons photograph should be emailed to our Joint  
Emergency Services Control Centre (JESCC) at the Police Station:  
[contact@JESCC.gov.gg](mailto:contact@JESCC.gov.gg).

Competed on incident date by:

Relationship to the person:

Contact number:

Date:

NOTES: