

MISSING CHILD CHECKLIST

This form authorises the Queensland Police Service to initiate appropriate actions.

- This checklist is NOT a substitute for making a missing person report to the police.
- It is designed to provide guidance about the kind of information required to locate the missing child.
- You don't need to be able to answer every field. Where information is not known it can be provided later and should not delay taking immediate action.
- The child's care team members may contribute relevant information where this is not known to you at the time.
- It can be completed online or completed manually.
- A copy is to be given to police.
- It can be pre-populated and kept in a safe place, particularly where there have been previous incidents.

1. Details of missing child		
First name: Including aliases:	Surname: Including aliases:	
DOB and age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile number:
2. Description of missing child (if possible, provide police with a current photo)		
Height:	Build:	
Colour of eyes:	Hair colour/length/style (please specify):	
Complexion: <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Tanned <input type="checkbox"/> Dark <input type="checkbox"/> Very dark	Distinguishing features: <input type="checkbox"/> Tattoos <input type="checkbox"/> Birthmark <input type="checkbox"/> Piercings <input type="checkbox"/> Scars Other:	
Aboriginal or Torres Strait Islander (please specify): <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither	Cultural and linguistically diverse background (please specify):	
3. Circumstance of disappearance		
Where was the child last seen:	Date:	Time:
Clothing/personal items (worn/taken):		
Name of anyone with the child:		
Information about the last person to see the child		
Name:	Relationship to child:	
Address:	Phone numbers	
Reasons for disappearance (e.g. Notes/letters left by child, did the child leave willingly or were they taken? Any family or relationship issues or conflict, including domestic violence that may have influenced the disappearance?)		

Details of enquiries made/actions taken to locate the child prior to contacting Queensland Police Service	
<input type="checkbox"/> Search of house and premises <input type="checkbox"/> Enquiries with friends or neighbours <input type="checkbox"/> Checking child's likely places to visit	<input type="checkbox"/> Alerting child's friends and networks to be on lookout <input type="checkbox"/> Leaving messages on child's mobile, Facebook <input type="checkbox"/> Telling CSSC or Child Safety After Hours Care Service
4. Concerns/risks/vulnerability for the child	If 'yes', provide details
Age of the child (child is under 13 years old) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical condition (life threatening illness or requires significant medication which is not in the persons possession) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Intellectual impairment (functioning at an age level of 10 years old or less) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Mental health (diagnosed with a psychiatric or psychological disorder such as anxiety, depression) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Substance misuse (known or suspected to be misusing alcohol, drugs or other substances) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Criminal involvement (is known or suspected to commit offences) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Relationship issues (dealing with a current or recent relationship breakdown) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant life event (suicide attempt/ bullying) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Out of character (recent behaviour that is unusual for child) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Event (natural disaster/at sea/plane crash) Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

<p>Environmental factors (significant weather conditions (hot, cold, wet, terrain))</p> <p>Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>Previous incidents of child missing and location unknown</p> <p>Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>Any special/complex behavioural or emotional needs (e.g. violence, aggression, possession of weapons)</p>	
<p>5. Current child protection order (CPO) or authority relating to the child</p>	
<p>Type of authority (Please check)</p> <p><input type="checkbox"/> Assessment order</p> <p><input type="checkbox"/> Care agreement</p> <p><input type="checkbox"/> Interim CPO custody to Chief Executive</p> <p><input type="checkbox"/> CPO custody to Chief Executive</p> <p><input type="checkbox"/> CPO guardianship to Chief Executive</p>	<p>Child's current placement (Please check)</p> <p><input type="checkbox"/> Foster care <input type="checkbox"/> Kinship care</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Semi-independent living</p> <p><input type="checkbox"/> Safe house</p> <p>Other</p>
<p>Name of CSO:</p>	<p>Contact phone no:</p>
<p>Child safety service centre:</p>	
<p>6. Additional information which may assist in locating the child</p>	
<p>Places frequented:</p>	
<p>Parents or significant family members:</p>	
<p>Friends or associates:</p>	
<p>Facebook, email or other social media details:</p>	
<p>School or employment:</p>	
<p>Child's bank account details (for older children):</p>	
<p>Name and contact details of any person who may be likely to assist (relatives, friends etc):</p>	

7. Actions after child is located — where child is to be returned to?	
Name:	
Address:	Phone number:
Additional information:	
8. Person who reported child missing to QPS	
Name of carer/worker/position:	
Child Safety or agency:	Phone number:
QPS station/unit:	Date and time:
QPRIME number:	