



# GREENFIELD POLICE DEPARTMENT RETAIL THEFT REPORTING PROCEDURE

## INSTRUCTIONS FOR STORE EMPLOYEES

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

- **Contact the Greenfield Police Department immediately if:**

- Retail Theft is occurring right now or has just occurred, or;
- The suspect is in custody, or;
- The suspect physically resisted or was armed with a weapon, or;
- Any employee or bystander was injured, 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:**

- If there is any reporting delay as a result of store policy or procedures.
- Retail Theft is discovered at a later date (video review) **AND** the amount is **under \$1000.00**.

**Packet 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 and position of the reporting party.
- List of all witnesses including:
  - 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:

**Greenfield Police Department  
5300 West Layton Avenue  
Greenfield, WI 53220**

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

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

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Reporting Date: \_\_\_\_\_ Date & Time of Incident: \_\_\_\_\_ AM / PM

Vehicle Description: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
License Plate      State      Approx. Year      Make      Model      2DR / 4DR / SUV / TRK      Color

Suspect #1 Description: Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Description: \_\_\_\_\_

(Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.)

Suspect #2 Description: Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Description: \_\_\_\_\_

(Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.)

*(If additional suspects, put information in narrative)*

Incident Description: \_\_\_\_\_

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: \_\_\_\_\_

Witness: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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***\*Save any security video and receipt for merchandise\****

Reporting Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Did the suspect(s) have consent to steal property? Y / N (circle one)

Have these suspects been involved in any other thefts that you are aware of? Y / N (circle one)

Was there property damage? Y / N (circle one) Total amount: \$\_\_\_\_\_

Was there property loss? Y / N (circle one) Total amount: \$\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date \_\_\_\_\_



## **GREENFIELD POLICE DEPARTMENT RETAIL THEFT REPORTING PROCEDURE**

## **ITEMIZED REPORT OF DAMAGED / STOLEN PROPERTY**

*(Use this form or an appropriate substitute)*