

Resource 16: Reporting of Unknown Whereabouts of Worker Form

This form is to be used to record information about a worker whose whereabouts is unknown. This form is confidential when filled out.

Time and date of report: _____

Time and Date of last contact: _____

First and last name of person reporting: _____

First & Last Name of Worker: _____

When and where worker was last seen/heard from including clothing worn (when known)

First and last name of client, work location including travel route (when known)

Make, model, colour, & license plate of vehicle used by worker

Additional Information (e.g. weather, road conditions, safe visit plan in existence, etc.)

Actions/responses by regional staff – who, when, how
