



Personal Description Form

This document is to be completed in full by any persons within the EZFurn premises who were victim to, or witnessed to, an incident caused by any persons.

FORWARD REPORT FORM TO:

Distribution Centre Manager - Adam Taylor

Email: adam.taylor@ezfurn.com.au

Phone Number: 0499 016 539

Mailing address: PO BOX 242, Ashmore City 4214

WITNESS INFORMATION

Name:

Email:

Phone Number:

Address:

DESCRIPTION OF OFFENDER

Nature of offence:

Gender: Male Female Other

Approximate age:

Nationality:

Height:

Build: Thin Medium Stout Large

Posture: Upright Stooped Slouched Upright

Walk: Quick Slow Limp

Voice: Angry Fast Loud Soft Low



Personal Description Form

Accent:

Words Used:

Demand: Verbal Written

Clothing:

Weapon:

Face: Long Round Lean

Complexion: Light Fair Medium Olive Tan

Method and direction of escape:

What did the offender do?

Hair style: Straight Wavy Long
 Curly Crew-cut Receding

Forehead: Wide Low Narrow

Eye colour:



Personal Description Form

Eye shape:

Wide

Sleepy

Squinty

Narrow

Staring

Bulging

Ear size:

Lip size:

Teeth:

False

Natural

Good

Uneven

Scars/ Tattoos/ Discolouration (describe in full):

Addition comments:

Witness Singnature: _____

Date: _____