



**VILLAGE OF LAKE BLUFF
DEPARTMENT OF POLICE**

Michael Hosking, Chief of Police
45 East Center Avenue
Lake Bluff, Illinois 60044
(847) 234-8760 FAX (847) 234-2166



Over 100 Years of Community Service & Protection

Special Concerns Response Information

Name of special concerns person: _____

Address/Phone: _____

D.O.B.: _____ Gender _____ Race _____ Ht. _____ Wt. _____ Eyes _____ Hair _____

Other Identifiers: _____

EMERGENCY CONTACT:

Address: _____

Name: _____ Home Telephone: _____

Cell: _____ Other: _____

Special concerns condition (please identify/describe): _____

Is subject on medication(s)? If so, does it affect subject's actions, responses, senses, potential for violence etc? _____

Doctor's name: _____ Phone #: _____

Emergency contact number for doctor: _____

Please list any particulars unique to the individual (sensitivity to light or touch, non-verbal, subject to seizures, violence, hiding, fighting, etc.): _____

Please list any "triggers" or actions which might escalate a confrontation with this individual: _____

Please list any compliance techniques or suggestions: _____

Additional emergency contacts: _____

*****LBPD ONLY*****

Picture attached? Y or N Officer/Dispatcher: _____ Date/Time: _____

Entered into CAD? Officer/Dispatcher: _____ Date/Time: _____