

Forensic Submission Form

Wfg Case # (Leave blank if new submission)

Submitter

Report Recipient (if different than submitter)

Name:

Agency:

Address:

City:

Province: Postal Code:

Tel.:

Fax:

Email:

Name:

Agency:

Address:

City:

Province: Postal Code:

Tel.:

Fax:

Email:

Offence/Case Type

Offence Date (if applicable)

Agency File Number

Complainant(s)/Deceased/Applicant(s)

Suspect(s)/Accused/Respondent(s)

Name	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Case History (If additional space is required, please attach a separate page)

*For Wfg use only

*Processed By:	*Date:	*Comments:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Item	Description	Request
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Case File Disposition (Please Select)

Destroy

Return

Item Disposition

Destroy

Return

DNA Extract Return

Destroy

Return