



Baltimore County Police Department
REFERRAL FORM

Precinct: _____

Date of Referral: _____

CC# _____

Please provide complete contact information for principal parties below:

1st Individual Involved in Incident:

2nd Party or Individual affected:

Name _____

Name _____

Address _____

Address _____

Phone (Day) _____

Phone (Day) _____

(Eve) _____

(Eve) _____

If a Minor...

If a Minor...

DOB _____

DOB _____

School _____

School _____

Parent(s)/Guardian _____

Parent(s)/Guardian _____

*If additional parties are involved in or affected by this incident, please provide ALL contact information on a separate page.

Date and place of incident or conflict: _____

Brief description of situation: _____

Officer: _____ Phone number: _____

email: _____

PLEASE NOTE: In order to accept this case, someone familiar with the situation needs to be available should further information be required.

INSTRUCTIONS: To make a referral please fax OR email completed referral form to:
Fax: (410) 500-5189 inquire@crcbaltimorecounty.org Questions? 410-780-1206

You will receive notification of receipt by email within 24 hours. If you do not receive this notification, call immediately, as we have not received your referral! Thank you! We are happy to help!