

**TORONTO POLICE SERVICE
VULNERABLE PERSON REGISTRY
OCCURRENCE FORM**

VULNERABLE PERSON REGISTRY



The Toronto Police Service Vulnerable Persons Registry is a voluntary database that provides important information to first responders about the issues that vulnerable members of the community might be coping with. The information in the database includes details such as specific behaviours officers might encounter, recommended de-escalation strategies and contact information for family members or other individuals who can provide support.

Dispatchers, police officers and other support personnel will then be able to access this information when they are interacting with the person. This leads to a better understanding of the causes for behaviours and provides officers with information about how to best assist the person. If, at any time, you wish to remove the information from the Vulnerable Persons Registry please do so by notifying your neighbourhood Division.



PLEASE BRING THE FOLLOWING

- A piece of government issued photo identification for yourself (eg: Driver's Licence, passport).
- Birth Certificate, Power of Attorney or Other Documentation that provides you with guardianship over the Vulnerable Person.
- If you are Self-Reporting, please provide your own government issued photo identification.

FILING A FALSE POLICE REPORT IS A CRIMINAL OFFENCE

Terms and Conditions

Check the boxes next to the following statements to indicate that you understand and agree to the following:

The Information provided on this form is correct to the best of my knowledge.

I understand that providing false information could make me subject to prosecution under the Criminal Code

Provide your name and signature to consent:

X

X

NAME

(Please Print)

SIGNATURE



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Frequently Asked Questions

Q: Who can provide this information to police?

A: The information will only be accepted if it is entered by the vulnerable person named in the record, their parent or guardian or a person with power of attorney or similar authority over the individual. A verification process will follow the data entry to ensure that the person entering the data had the authority to do so.

Q: What are the advantages of entering this information in the Vulnerable Persons Registry?

A: The information entered into this system becomes available to frontline police officers as soon as it has been verified. This provides frontline officers with important context about any behaviours they may observe when they are assisting a vulnerable person.

Q: What kind of information will be recorded?

A: The information can include the following but many fields are not mandatory:

- The name, date of birth, address and description of the person
- The name, address, contact information of the individual entering the data and any other support person who might be able to assist the person being registered
- Behaviours that may be exhibited by the person
- Locations where the person might be located if reported missing
- Triggers or subjects to avoid discussing
- It is not mandatory, but if the person entering the information wishes to do so they can also provide a photograph, information about the person's physician and medical conditions.

Q: How does this differ from the Medic Alert Connect Protect program?

A: While the Toronto Police Service Vulnerable Persons Registry captures much of the same information as the **Connect Protect** program the information is used in different ways. **Vulnerable Persons Registry** information is available to officers before they arrive at a radio call while **Connect Protect** information is generally accessed after officers have identified that an individual is wearing a Medic Alert bracelet and requires assistance.

As a result, the Toronto Police Service strongly recommends registering in both initiatives. This ensures that vulnerable members of the community will receive the appropriate care and assistance that they might need. Please visit the Medic Alert Connect Protect website to register for that program (www.medicalert.ca/Programs/MedicAlert-Connect-Protect).

Q: How will this information be used by police?

A: This information will only be used by officers to obtain background information about people they are dealing with unless the person is reported missing. In those cases the missing person's photograph (if provided), name and description may be shared with the media, TTC, Toronto Community Housing or Hospitals.

Q: Will this information be used in police background screenings?

A: No. The information provided in the Vulnerable Persons Registry will not be provided to potential employers or other civilian organizations.

Q: How long will the Toronto Police Service retain this information?

A: The registered person's information will remain in the database for two years. This time frame can be extended by the person who entered the data by adding a supplemental report to the original report.

Q: What if I want to remove a vulnerable person's information from the database?

A: The person who submitted the information can request that it be removed from the registry at any time by sending a supplementary attachment to the original report.



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Confirm Questions

PRIVACY POLICY

Through this form, the Toronto Police Service will collect information that can identify you or a family member. Such identifying information may include name, date of birth, email, address, mailing address and other similar information ("personal data") when it's voluntarily submitted under SEC 29(1)(a) MFIPPA.

This information will be available to members of the Toronto Police Service within our records management software and may be accessible to other police agencies upon request. It is the responsibility of the person entering the information to ensure that it is updated each year. The Toronto Police Service will use your personal data to respond to requests you make of us and/or interacting with the persons named. If no update to the record has been submitted within one year the record will be automatically deleted from the system.

From time to time, we may refer to your personal data to better understand your needs and how we can improve our services in relation to you and/or your family.

In certain situations the Toronto Police Service may share this information with Toronto Fire Services, Toronto Paramedic Service or other police organizations. This information may also be shared with organizations such as media and public transit organizations in cases where a Vulnerable Person has been reported missing. This information is to be used for emergency purposes only.

By clicking 'Yes' and submitting this information you are confirming that you are the parent, guardian or have power of attorney or similar authority over the vulnerable person whose information is being provided.

It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the Toronto Police Service is notified in writing of any changes. The retention, as well as any other use or disclosure, of the information will be dictated by the requirements under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56.

Do you accept the above privacy policy?

YES

NO



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Select Report Type

Please select the report type: ORIGINAL / SUPPLEMENTAL (Please circle one)

<u>SELECT</u>	<u>REPORT TYPE</u>	<u>DEFINITION</u>
<input type="checkbox"/>	ORIGINAL	This is the First report that is being filed for this incident
<input type="checkbox"/>	SUPPLEMENTAL	You are adding information to a previous report which was submitted online or through a hard copy form ORIGINAL REPORT NUMBER: _____ <i>(ex: 20-9000000)</i>
<input type="checkbox"/>	SUPPLEMENTAL	You are adding information to a previous report, which was reported to an officer ORIGINAL REPORT NUMBER: _____ <i>(ex: 20-9000000)</i> FILED WITH OFFICER: _____ <i>(enter "Unknown" if unsure)</i>

Enter Reporting Person Information

FIRSTNAME:	MIDDLE NAME:	LAST NAME:
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HOME ADDRESS

<u>STREET #</u>	<u>STREET NAME</u>	<u>STREET TYPE</u>	<u>DIRECTION</u>	<u>APT/UNIT</u>
CITY:	STREET NAME:	POSTAL CODE:		
PHONE NUMBER:		EMAIL:		
GENDER:	MALE / FEMALE / OTHER	DATE OF BIRTH:		
<u>RELATIONSHIP TO VULNERABLE PERSON</u> <i>(Please Circle Below)</i>				
PARENT / GUARDIAN / POWER OF ATTORNEY / OTHER LEGAL AUTHORITY				



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Incident Location Information and Photos/Documents

This section allows you to select the incident location (i.e. Private Residence, Group Home, etc.). Please use the home address or if no fixed address, the main intersection nearest to where the Vulnerable Person is likely to be found.

You are also able to provide a photo of the person that you are registering and/or any legal documentation that explains your relationship to the vulnerable person (ex. Birth Certificate, Power of Attorney documents, etc.). This will be attached and included in your submission.

STREET #	STREET NAME	STREET TYPE	DIRECTION	APT/UNIT
CITY:	STREET NAME:	POSTAL CODE:		
<p>INTERSECTION <i>(If address is unknown, ex. YONGE ST/BLOOR ST E)</i></p> <hr style="border: 1px solid black;"/>				
<p>LOCATION TYPE <i>(Please Checkmark One Selection)</i></p>				
<input type="radio"/> Bar / Restaurant <input type="radio"/> Convenience Stores <input type="radio"/> Dealership (Car, Motorcycle, Marine, Trailer, etc.) <input type="radio"/> Homeless Shelter/Mission <input type="radio"/> Open Areas <input type="radio"/> Private Property (Driveway, Shed, Detached Garage)		<input type="radio"/> Retirement / Nursing Home <input type="radio"/> Schools During Supervised Activity <input type="radio"/> Schools During Un-Supervised Activity <input type="radio"/> Streets, Roads, Highways (Bicycle Path, Private Road, etc.) <input type="radio"/> Universities / Colleges <input type="radio"/> Unknown		



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Enter Vulnerable Person Information

Please enter the information for the vulnerable person. You may add an additional caregiver / guardian on the next page.

INVOLVEMENT TYPE

(Please Circle One)

VULNERABLE PERSON / CAREGIVER/GUARDIAN

FIRSTNAME:	MIDDLE NAME:	LAST NAME:
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HOME ADDRESS

STREET #	STREET NAME	STREET TYPE	DIRECTION	APT/UNIT
CITY:	STREET NAME:	POSTAL CODE:		
PRIMARY PHONE NUMBER:		MOBILE PHONE NUMBER:		
EMAIL:				
EMPLOYER NAME:				

WORK ADDRESS

STREET #	STREET NAME	STREET TYPE	DIRECTION	APT/UNIT
CITY:	STREET NAME:	POSTAL CODE:		
WORK PHONE NUMBER:				

METHOD OF APPROACH THAT WOULD MAKE THEM MOST COMFORTABLE WHEN DEALING WITH POLICE	
METHODS OR APPROACHES TO BE AVOIDED	
LIFE THREATENING MEDICAL CONCERN(S)	
MEDICATIONS	
PHYSICIAN(S)	
KNOWN OR DIAGNOSED CONDITIONS(S)	
NAME OF HOSPITAL OR INSTITUTION	



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Additional Notes

