



REPORT FORM FOR LAW ENFORCEMENT

If your officer's EOW is January 1, 2019 or after, your information will be shared with Concerns of Police Survivors (C.O.P.S.) as you may be eligible for services.

Fallen Officer Full Name

Fallen Officer Rank

Fallen Officer Agency Name

Fallen Officer Agency State

Fallen Officer Date of Death

Fallen Officer Gender (optional)

Was the fallen officer active duty or retired from service?

Additional Information

Agency Contact Information

Head of Agency Name

Head of Agency Rank

Head of Agency Email Address

Phone Type

Head of Agency Phone Number

Is the agency head the point of contact for SBS?

Agency POC Rank

Agency POC Email Address

Phone Type

Agency POC Phone Number

Does your agency have a liaison officer assigned to the surviving family?

Liaison Officer Name

Liaison Officer Rank

Liaison Officer Email Address

Liaison Officer Phone Number

Surviving Family Information

Survivor Full Name

Survivor Relationship

Mailing Address

City, State & Zip Code

Email Address

Cell Phone #

Home Phone # (if different than cell)

Race (optional)

Gender (optional)

Return to bluesuicide@nationalsbs.org