

# Appendix D

## Potential Trafficker Referral Form

Name of potential trafficker:

Address:

Phone Number:

A-Number:

Date of birth:

Country of origin:

Language(s) spoken:

Where did you encounter potential trafficker?

When was the last time you encountered potential trafficker?

Why do you believe this person is a trafficker?

Are there any safety concerns? If so, please explain:

Additional Information: