Stalking and Harassment Diary

Victim Information

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Telephone Number: _____

Types of Behaviors to Record

Watching or Following	Approaching Victim or Victim's Family	Drive-Bys	Delivering Unusual Objects
Threatening Telephone Calls	Hang-up Telephone Calls	Sending Flowers	Visiting Victim's Family, or Victim's place of Employment, School or Church
Sending Hate Mail (including fax and e-mail)	Sending Love Mail (including fax or e-mail)	Vandalizing Property of Victim or Victim's Family	

Suspect Information

Last Name First Name Middle Name

Last Known Address / street / Apt.#

City State Zip Code

Home Telephone No: _____

Social Security #: _____

Sex Race DOB Height

Weight Hair Color Eye Color

Restraining order / Order of Protection

(Attach Copy)

Date Issued: _____.

Place of Employment: _____

Work Telephone No: _____

Vehicle Information

Make Model Year Color

License Plate Number _____

Driver's License # _____.

RECORD ALL INCIDENTS AS SOON AS THEY OCCUR.

DATE	TIME	EVENT	LOCATION	WITNESSES (Name, Address, Phone No.)	Reported to Law Enforcement (Agency and Officer)

DATE	TIME	EVENT	LOCATION	WITNESSES (Name, Address, Phone No.)	Reported to Law Enforcement (Agency and Officer)