



TENNESSEE SUSPICIOUS ACTIVITY REPORT

IMMEDIATELY TRANSMIT REPORT TO:

Tennessee Fusion Center Analysts

Email: TFC@tn.gov

Fax: 615-744-4011

This form is used to submit Suspicious Activity to the Tennessee Fusion Center. Submitters should use this form to supplement, but not supersede, any incident or offense report procedures in use by their agency. Information contained in this form will be vetted, and if meets Functional Standard, submitted to the Information Sharing Environment through eGuardian. Information contained in this form may also be used for threat analysis and included in intelligence products. This form will not be released without the submitting agency's express consent.

Reporting Party Information

Reporting Party Name:	Rank (if Applicable)	Agency Name	Case Number
Office Phone	Cell Phone	Email	

Complainant Information

Anonymous	Yes No	Credible	Contact Available	Yes No
Name (First, Middle, Last)			Unknown	
Home Phone	Office Phone	Cell Phone		

Incident Information

Month	Day	Year	Time	AM/PM	State Region	County
Incident Location (Address/Intersection)		City		State	Zip Code	
SAR Indicator/Behavior		Brief Description/Summary of Incident				

Subject Information

Name (First, Middle, Last)						Unknown
Date of Birth	Month	Day	Year	Sex	Male Female Other	SSN
Address			City		State	Zip Code



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Subject Information Continued

Height Weight Eye Color Hair Color Race Build

Home Phone Office Phone Cell Phone Condition of Subject

ID Type ID Number ID State/Country

Subject Distinguishing Features/Additional Information

Please Include Additional Subjects in the Narrative Section

Vehicle Information

Year Make Model Color Vehicle Type

VIN/Vessel Number Tag Number State Identifying Characteristics

Narrative

Describe the Specific Details of the Incident/Behavior of Concern (more space on following page if needed)
In addition, please attach any relevant police reports or supplemental reports



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Narrative Continued