



Forcer Protocol Information

Suicide Prevention & Rapid Response for Missing or At-Risk Veterans and Individuals with an Armed Forces Background.

Note: This is a printable version of the Forcer Protocol Information, an online version can be found at safeandfoundonline.co.uk/forcer-protocol/index.html

Instructions: Please complete this form if you are concerned about the welfare of a veteran or serving/reservist member of the Armed Forces who may be at risk of going missing. This form can be submitted to police, emergency services, or support organisations. Attach a recent photograph. Review regularly to ensure information is up-to-date.

SECTION 1: DETAILS OF THE PERSON REPORTING THE CONCERN

First Name:	
Last Name:	
Mobile Phone Number:	
Email Address:	
Relationship to Individual at Risk:	
Are You Next of Kin or Designated Emergency Contact?	
If NO to Previous Question, Please Provide Next of Kin Details.	
First Name:	
Last Name:	
Phone Number:	
Email Address:	

SECTION 2: INDIVIDUAL WITH ARMED FORCES BACKGROUND

First and Middle Names:	
Last Name:	
Date of Birth:	
Gender:	☐ Male ☐ Female ☐ Other ☐ Prefer to self-describe _____
Military Branch:	☐ British Army ☐ Royal Navy ☐ Royal Air Force ☐ Royal Marines ☐ Other (please specify) _____
Service Status:	☐ Serving (regular) ☐ Service (reservist) ☐ Veteran ☐ Medically Discharged
Service Number:	
Live Alone?	☐ Yes ☐ No
Have Access To Vehicle?	☐ Yes VRN: _____ Make: _____ Model: _____ ☐ No
DCMH (Department of Community Mental Health) Involvement:	
NHS Number:	

Veteran's ID Card Number:	
Banking Provider:	
Mobile Phone Provider:	
Mobile Phone Number:	
Email Address:	

SECTION 3: SUICIDE RISK INDICATORS

Mental Health History (tick all that apply)	☐ Diagnosed PTSD / CPTSD / Traumatic Brain Injury (TBI) ☐ Neurodivergence (e.g. Autism, ADHD) ☐ Severe Depression or Anxiety ☐ Bipolar Disorder or Schizophrenia ☐ Personality Disorder ☐ Panic Attacks or Intrusive Thoughts ☐ Hallucinations / Psychosis ☐ Chronic Sleep Disturbance / Insomnia ☐ Verbalised Feelings of Hopelessness or Being a Burden ☐ Limb Loss / Hearing Impairment / Other Physical Disabilities
Describe any concerning statements, behaviours, or incidents: (tick all that apply)	☐ Expressed desire to end their life ☐ History of suicide attempt(s) (please include dates/details): ☐ Expressed plan or method (e.g. overdose, hanging) (please include details): ☐ Left a note or sent goodbye messages ☐ Has begun "putting affairs in order" (e.g. giving away possessions)

SECTION 4: SUBSTANCE USE & MEDICATION

Substance Use History (tick all that apply):	☐ History of alcohol misuse ☐ Recent binge drinking or relapse ☐ Known use of drugs (please specify) ☐ Recent withdrawal from alcohol or drugs ☐ History of substance overdose or mixing substances
Details on type of substances, frequency, last known use:	
Medication & Mental Health Treatment:	☐ Prescribed mental health medication ☐ Recently discontinued medication (without medical advice) ☐ Medication not working or worsening symptoms ☐ Suspected overuse of prescribed drugs (e.g. benzos, opioids) ☐ Reported withdrawal symptoms
Known Medications and Adherence Concerns:	

SECTION 5: CURRENT STATUS / IMMEDIATE CONCERNS

Date and Time Last Seen or Contacted:	
Last Known Location (home, work, outdoors):	
Recent Online Activity or Social Media Use:	
Does the individual have access to any of the following (tick all that apply):	☐ Firearms ☐ Bladed Weapons/Knives ☐ Medication (Lethal Amounts) ☐ High/Dangerous Locations ☐ Ropes, Cords, Ligatures ☐
Additional Risk Factors or Notes:	

SECTION 6: PEOPLE & PLACES TO BE AWARE OF

Common Locations They May Visit: (e.g. parks, pubs, cemeteries, memorials, military sites)	
Known Friends or Family Likely to be in Contact (include contact information):	
Support Services or Organisations Involved:	☐ OpCourage ☐ Combat Stress ☐ SSAFA ☐ Help For Heroes ☐ Op NOVA ☐ Armed Forces Breakfast Club ☐ _____ Regional Veterans Associations or other: ☐ _____ Nominated Advocate / Support Worker ☐ _____ Probation Officer / Councillor / Social Worker ☐ _____ Employer Contact ☐ _____

SECTION 7: ACTIONS ALREADY TAKEN

Please tick all that apply:	☐ Attempted to contact by phone / text / social media ☐ Visited last known address or location ☐ Informed their GP or mental health team ☐ Reported to police ☐ Contacted 999 for welfare check ☐ Notified veteran-specific services or case workers ☐ Issued a Beacon Alert on social media
Police Incident Number (if applicable):	
Additional Notes or Observations:	

IMPORTANT: If you believe the individual is at immediate risk of harm, please call 999 or contact your local police force directly.

CONFIDENTIALITY & USAGE NOTICE

This form is intended exclusively for use by emergency services, police officers, and authorised professionals responding to a risk or missing person case involving a veteran or individual with an armed forces background.

Once completed, this document may contain highly sensitive personal and medical information. It must be handled in accordance with GDPR, local data protection laws, and relevant force procedures.

Do not share this form with unauthorised individuals. If found, return it to the appropriate authority or destroy it securely.