Comanche Nation M.M.I.P. Tip Form

1.) Todays date:_____

2.) Name or choose to remain anonymous:_____

3.) Email address:_____

4.) Phone number:_____

5.) Name of Missing or Murdered Indigenous person:_____

6.) Date of birth of MMIP:_____

7.) Tribal affiliation of MMIP:_____

8.) Your relationship to MMIP:_____

9.) Are you the designated family contact for law enforcement on any case regarding the MMIP?:_____

10.) Do you have information about the family member you would like to share with Comanche Nation MMIP program?: Y/N

11.) Do you want to share information with Law Enforcement or Prosecutors? Y/N

12.) Have you previously spoken with Law Enforcement about this information? Y/N

13.) Summary of information you would like to share (please try to include dates):_____
_____
_____
_____
_____
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