

**WILLOWICK POLICE DEPARTMENT
SUSPICIOUS ACTIVITY COMPLAINT FORM**

Date complaint was filed

Address of activity: _____

Description of residence: _____

How many residents reside there and physical descriptions of same:

Describe suspicious activities: _____

How long has this been going on? _____

When are the activities taking place? (Time & day(s) of the week): _____

List any vehicles that maybe involved in these activities:

<u>Color</u>	<u>Make/Model</u>	<u>Plate #</u>	<u>Description of occupants</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Vehicles continued:

<u>Color</u>	<u>Make/Model</u>	<u>Plate #</u>	<u>Description of occupants</u>
4.			
5.			
6.			
7.			
8.			

What days & times do the above vehicles arrive? How long do they stay?

- Vehicle #1 _____
- Vehicle #2 _____
- Vehicle #3 _____
- Vehicle #4 _____
- Vehicle #5 _____
- Vehicle #6 _____
- Vehicle #7 _____
- Vehicle #8 _____

Additional information or comments: _____

Do you wish to remain anonymous? YES _____ NO _____

If you answered "NO" please fill out the information below. If you answered "YES" please give your telephone number to a member of our department and it will be kept confidential.

Complainant's name _____
Address _____
Telephone number _____
Cell number _____

Please gather information for at least two weeks. Upon completion return the form to Willowick PD.