



City of Latrobe Police Dept.
901 Jefferson St. Latrobe, PA 15650

Citizen Drug Complaint Form

Offense Details		
Date:	Time:	
Location: (if street address unknown, please provide detailed information about house description and location)		
If ongoing problem please identify time of day or days of week drug transactions occur more frequently:		
What drugs were involved:		
<input type="checkbox"/> Heroin	<input type="checkbox"/> Prescription Pills	<input type="checkbox"/> Other
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Methamphetamine	

Suspect Characteristics						
Name:	Sex:	Race:	Build:	Height:	Weight:	Age:
Alias / Nickname			Hair Color / Style:			

Vehicle Information		
Make:	Model:	Color:
Registration:	Stickers / Decals:	

Additional Information
Have you observed any weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone act as a look out / or are surveillance cameras used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Any additional information about viewed drug sales:

Contact Information (Not Required)	
Name:	Phone #
May we contact you to obtain additional information? <input type="checkbox"/> Yes <input type="checkbox"/> No	