

Please print these pages and submit to the Police Department at the address below.



# DRUG ACTIVITY COMPLAINT

## KEIZER POLICE DEPARTMENT

930 CHEMAWA RD NE  
PO BOX 21000  
KEIZER OR 97307

PHONE  
503-390-3713

FAX  
503-390-8295

The Keizer Police Department is extremely concerned about drug activity in our community. Any information provided is not for public information use and does not constitute an official complaint. Your cooperation is very important, but do not take unnecessary risks or actions on your own.

<b>OPTIONAL</b> <b>WILL BE HELD AS CONFIDENTIAL</b>		<b>OFFICE USE</b> <i>Date Received/Initials</i>
YOUR NAME		
ADDRESS		
HOME #	WORK #	
DATE		

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE  
LIST "UNKNOWN" IF YOU CANNOT ANSWER A QUESTION

### Physical address where suspected drug activity is occurring:

House number	Street
Rented or owned?	Name, address and phone number of landlord

Describe, in as much detail as you can, the house or location where activity is occurring (i.e. color of house, driveway, backyard, single/two story house, fenced, apartment, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have the occupants of the residence covered up or installed bars on the windows?  YES (describe below)  NO  
Have they reinforced the doors on the residence or taken any other security measures that seem peculiar to you?  
 YES (describe below)  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any names of persons that you know that either occupy the residence or visit this location. If possible, describe or list any physical characteristics (i.e. sex, race, age, height, hair, tattoos, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- O V E R -

Describe vehicles used by those who occupy or frequently visit the residence or location:

LICENSE #	STATE	MAKE	MODEL	YEAR	COLOR	LIVES AT OR VISITS RESIDENCE?

Describe any patterns of traffic to the residence or location that have been observed (i.e. numbers of visitors on foot or vehicle; particular day of week or hours of day when traffic is the heaviest; how long they stay, etc.).

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Describe any apparent drug transactions or drug paraphernalia that you may have seen near the vicinity of the residence or location (i.e. exchange of money or goods for packages, syringes or other material laying on ground, people apparently acting as a lookout, etc.).

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What kinds of drugs are being sold and how did you obtain this information?

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Describe any other suspicious activities related to this residence or location (i.e. carrying weapons, receiving suspicious merchandise, intimidating/threatening behavior, etc.)

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How long has this activity been occurring and does it seem to be a consistent pattern or happen occasionally?

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Do you know if anyone else is gathering information? \_\_\_\_\_  
Are you providing information they have given you or are they filling out their own report?

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If they are not filling out a report, please encourage them to do so. Remember, the more information the department has, the better prepared it will be to look into this suspected activity.

***If there is any other information you would like to include, please attach an additional sheet to this page. This form and any additional sheets, can be mailed to the post office box, hand delivered to the department or faxed. See the other side for this information.***

***We encourage you to continue to monitor this activity and to keep logs describing vehicles, persons and activities that frequent or occur at this location.***

***The Keizer Police Department would like to thank you for helping your community and your police department.***