

VICE COMPLAINT FORM

DATE _____ **COMP #** _____ **PAGE** _____ **OF** _____

LOCATION ADDRESS _____ **BORO:** _____
CD: _____ **BLOCK:** _____ **LOT:** _____

TYPE OF OPERATION **GAMBLING** **PROTITUTION** **SOCIAL CLUB**
 OTHER _____

SPECIFIC LOCATION IN BUILDING **APT. #** _____ **STORE #** _____ **OTHER** _____
STORE NAME (IF APPLICABLE): _____
DESCRIBE WHERE OPERATION TAKES PLACE (i.e. floor, side of bldg. etc.) _____

HOURS OF OPERATION **DAY(S) OF WEEK:** _____
TIME OF DAY: _____

DESCRIPTION OF SUSPECT **NAME (IF KNOWN):** _____ **NICKNAME:** _____
SUSPECT NATIONALITY: _____ **AGE:** _____
SUSPECT GENDER: **MALE** **FEMALE**
ETHICITY/RACE: **BLACK** **WHITE** **HISPANIC** **ASIAN**
HEIGHT: _____ **WEIGHT:** _____ **COMPLECTION:** _____
HAIR COLOR: _____ **HAIR STYLE:** _____
EYE COLOR: _____ **FACIAL HAIR (Describe):** _____
SCARS OR OTHER IDENTIFIABLE TRAITS: _____
DISTINCTIVE CLOTHES: _____
DISTINCTIVE JEWELRY: _____
ACCENT: **YES** **TYPE:** _____ **NO**

METHOD OF OPERATION (Describe how the operation works): _____

SUSPECT'S ROLE (i.e. prostitute, numbers runner, etc.) _____

TYPICAL CUSTOMERS _____

ADDITIONAL COMMENTS _____

CONTACT: _____ **TELE:** _____

REPORT OF DRUG TRAFFICKING AT (BUILDING ADDRESS): _____

MANAGEMENT COMPANY: _____ **TELEPHONE #** _____

BUILDING INFORMATION # Floors: _____ # of Apts.: _____ # of Comm. Units: _____ Boro: _____
of Apts. on 1st floor: _____ # of Apts. on other floors: _____ Precinct: _____

LOCATION OF DRUG SALES (check only one) Lobby Front of building Apt # _____
 Hallway on floor # _____ Stairway between floors _____ & _____
 Other location (i.e. roof, basement) _____
If apartment, Name of Occupant _____
Status of Apt: Legally Occupied Squatter or Licensee Trespasser

DRUGS SOLD Crack Marijuana Heroin PCP Powdered Cocaine Pills
 Other _____

PACKAGING Glassines Vials Slabs Plastic Bags
Other (describe) _____ Color or Brand Name _____

MAIN TIME OF DRUG SALES _____

SUSPECT DESCRIPTION (use one form for each suspect)
Name (if known): _____ Nickname: _____
Does suspect reside in the building Yes No
If yes, in which apartment? _____
If resident, suspect is Leaseholder/Tenant Squatter/Licensee
 Secondary Tenant (spouse, son, daughter etc.) If secondary tenant, what is the relationship between Leaseholder and Suspect? _____
Is suspect a visitor to the building? _____ If so which apartments are visited? _____

PHYSICAL APPEARANCE OF SUSPECT
 Male Female DOB or approx. age: _____
 Black White Hispanic Asian Nationality: _____
Height: _____ Weight: _____ Complexion: _____
Hair Color: _____ Hair Style: _____
Eye Color: _____ Facial Hair (Describe): _____
 Glasses, Scars of other identifiable traits: _____
Distinctive Clothes: _____
Distinctive Jewelry: _____
Accent: YES Type: _____ NO

TYPICAL CUSTOMERS (i.e. age, race/ethnicity, sex) _____
Does suspect only sell to persons known to him/her? Yes No Don't know

LOOKOUTS OR STREERS Does anyone act as lookout or steerer? Yes No Don't know
If yes, where may they be found? _____

HOW ARE SALES CONDUCTED? Describe how a typical customer buys drugs and specify this suspect's role in the sales operation?

VEHICLES

Are any vehicles used in the operation? Yes No
 Car Van SUV Truck Other _____
Color _____ Make _____ Model _____
License Plate # _____ State _____

COMMENTS

(i.e. code words, weapons) _____

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