



Township of North Huntingdon Police Department

11279 Center Highway
North Huntingdon, PA 15642

PH: 724-863-8800
FAX: 724-863-4774
TDD: 724-863-1545

Citizen Drug Complaint Form

Occurrence Detail

Date:

Time:

Location: (if street address is unknown, please provide detailed information about house description and location) _____

If ongoing problem, please identify time of day or days of week the 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"/> Unknown
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Methamphetamine	

Suspect Characteristics

Name: _____ Sex: _____ Race: _____ Age: _____

Build: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color & Style: _____

Vehicle Involved

Make: _____ Model: _____ Color: _____

License Plate & State: _____ Other Info (Stickers, Decals, Etc.): _____

Additional Information

Have you observed any weapons: No Yes If yes, what type: _____

Does anyone act as a look out or are surveillance cameras used? No Yes Unknown

Any additional information about viewed drug sales: _____

Complainant Information (Not Required)

Name: _____ Phone: _____

May we contact you to obtain additional information, if needed? No Yes