



## Richmond Police Department Special Investigations Division Complaint Form



<b>Date:</b>								
<b>Type of Complaint (be as specific as possible)</b>								
<input type="checkbox"/> Drugs	<input type="checkbox"/> Guns	<input type="checkbox"/> Gangs	<input type="checkbox"/> Prostitution					
<b>Type of Area:</b>		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> School Zone						
<b>Location of Complaint (be as specific as possible):</b>								
<b>Day (s) Complaint Occurs:</b>		<input type="checkbox"/> Weekdays <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends						
<b>Time (s) Complaint Occurs</b>								
<input type="checkbox"/> Early Morning	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Late Night				
<b>Vehicle Involved (be as specific as possible)</b>								
<b>Type</b>	<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>Style</b>	<b>License Plate</b>			
Other:	Other:		Other:	Other:				
<b>Unique Characteristics</b> <small>(i.e., Spinners, Rust, Damage, Low-Rider, No Hubcaps, etc.)</small>								
<b>Suspect Involved (be as specific as possible)</b>								
<b>Suspect #1</b>								
<b>Race</b>	<b>Sex</b>	<b>Hair Color</b>	<b>Hair Length</b>	<b>Hair Style</b>	<b>Eye Color</b>	<b>Glasses</b>	<b>Facial Hair</b>	
Other:	Other:	Other:	Other:	Other:	Other:	Other:	Other:	
<b>Height</b>	<b>Weight</b>	<b>Age</b>	<b>Name (if known)</b>			<b>Nickname (if known)</b>		
<b>Scars, Marks and/or Tattoos</b>	<b>Location and Type</b>			<b>Clothing Description</b>				
<b>Suspect #2</b>								
<b>Race</b>	<b>Sex</b>	<b>Hair Color</b>	<b>Hair Length</b>	<b>Hair Style</b>	<b>Eye Color</b>	<b>Glasses</b>	<b>Facial Hair</b>	
Other:	Other:	Other:	Other:	Other:	Other:	Other:	Other:	
<b>Height</b>	<b>Weight</b>	<b>Age</b>	<b>Name (if known)</b>			<b>Nickname (if known)</b>		
<b>Scars, Marks and/or Tattoos</b>	<b>Location and Type</b>			<b>Clothing Description</b>				
<b>Complainant's Information</b>								
<i>The below information will only be used for contact or call-back. Information may be forwarded anonymously</i>								
<b>Name:</b>	First		Middle			Last		
<b>Address:</b>	Number		Street					
			City			State	Zip Code	
<b>Phone Number:</b>	Home		Work			Cell		
<b>E-Mail Address:</b>								

**Please forward all complaints to:  
Richmond Police Department – Special Investigations Division – 200 W. Grace Street**

Assigned Complaint #: \_\_\_\_\_