Silent Complaint
Housing Authority City of Pittsburgh
We Can Make A Difference!

Today's Date ______________________

Date of Crime ______________________

Type of Suspicious Activity ______________________

Location of Suspicious Activity ______________________

Name of Suspect Known ______________________

Physical Appearance: (Please Clerk) □ Male □ Female

□ White □ Black □ Hispanic □ Other

Skin Tone: □ Dark □ Light □ Medium

Height ____________ Weight ____________

Approximate Age ______________________

Hair Color ______________________

Hair Style ______________________

Type of Clothing ______________________

Facial Hair: □ Bearded □ Mustache □ Sideburns

Others: □ Scar (s) □ Glasses

Suspect Vehicle: Color ______________________

Model ______________________ License# ______________________

Weapons Involved: ______________________ □ Gun □ Knife □ Other

Do you have Information on other crimes in your area? ______________________

Let's work together to keep our Community Safe