



**SILENT COMPLAINT**

**Housing Authority of the City of Pittsburgh**

**We Can Make A Difference**



Today's Date \_\_\_\_\_

Date of Crime \_\_\_\_\_

Time Witnessed \_\_\_\_\_

Location of Suspicious Activity (Please Provide Community) \_\_\_\_\_

Type of Suspicious Activity \_\_\_\_\_

Physical Appearance: (Please Check)  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      Other:  Scar(s)  Glasses

Suspect Vehicle: Color \_\_\_\_\_

Make/Model \_\_\_\_\_ License # \_\_\_\_\_

Weapon Involved:  Gun  Knife  Other \_\_\_\_\_

Did you call 911?  Yes  No

Do you have information on other crimes in your area? \_\_\_\_\_

If you wish to be contacted regarding the activity you witnessed, please provide the following information.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Let's Work Together to keep our Community Safe!*