



**Olmsted Drug Task Force**  
**Narcotics Complaint Form**

**Complainant**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Can complainant be contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Suspected Activity**

Drugs \_\_\_\_\_ What type? \_\_\_\_\_

**Suspect Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

Address \_\_\_\_\_

Age / DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Phys.descript. \_\_\_\_\_

**Location of Suspected Activity**

Location \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_

Times/ Hours \_\_\_\_\_

**Vehicle Information**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_

**Additional Information**

**(employment, hang-outs, associates)**

submitted by officer: \_\_\_\_\_

Date: \_\_\_\_\_