



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: _____