



CITIZEN'S PUBLIC SAFETY COUNCIL OF PITTSBURGH
AND
DEPARTMENT OF PUBLIC SAFETY, BUREAU OF POLICE



SILENT COMPLAINT FORM

- Use this form to report criminal or suspicious activity,
If immediate action is needed, call 911 first!
- You **DO NOT** have to give your name or address so your identity will remain unknown.
- Please fill in as much information as possible.
- You do not need to fill in all spaces if the information is not known.
- Thank you for taking the time to fill out this form. It will help us to serve you better.

Type of criminal or suspicious activity: _____

Location: _____

Date/Time: _____ **Number of persons involved:** _____

Describe Activity:

Description of Person(s) Involved: *Please indicate name of person(s) if known:*

#1 Name: _____ #2 Name: _____ #3 Name: _____

Height: _____ Height: _____ Height: _____

Weight: _____ Weight: _____ Weight: _____

Sex: _____ Sex: _____ Sex: _____

Race: _____ Race: _____ Race: _____

Age: _____ Age: _____ Age: _____

Do you see a car? Yes: _____ No: _____

If Yes, Year: _____ Make: _____ Model: _____ Color: _____

License Plate #: _____ State: _____ Remarks: _____

Drop off or Mail to:
 (PBP Headquarters)
 1203 Western Ave.
 Pgh, PA 15233
Fax #: (412) 323- 7249

For Official Use Only
() Founded: Arrest/Citation Issued
() Unfounded
() Referred to: _____
Comments: _____