



Borough of Baldwin

Police Department

Michael A. Scott, Chief of Police

SILENT COMPLAINT FORM

- Use this form to report criminal or suspicious activity.
- 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 information is not known.
- Thank you for taking the time to fill out this form. It will help us to serve you better.

Date/time of criminal or suspicious activity: _____

Location: _____

Description of persons involved *(Please indicate name of person(s) if known)*

Name: _____

Name: _____

Name: _____

Height: _____

Height: _____

Height: _____

Weight: _____

Weight: _____

Weight: _____

Sex: _____

Sex: _____

Sex: _____

Race: _____

Race: _____

Race: _____

Age: _____

Age: _____

Age: _____

Describe Activity:

Did you see a car used? YES ___ NO ___ MAKE: _____ MODEL _____ COLOR _____

FOLD, THEN STAPLE OR TAPE.

POSTAGE IS REQUIRED.

AFFIX POSTAGE AND MAIL.

Official Use Only

() Founded: Arrest / Citation Issued

() Unfounded

() Referred to: _____

Comments: _____
