



REPORT OF DRUG TRAFFICKING IN YOUR NEIGHBORHOOD



What is the nature of the drug problem in your neighborhood: _____

Please describe the activity you observed that you think is drug dealing: _____

What address do you think drug dealing is going on at and list their names if you know who lives there: _____

Please describe any vehicles (license plates, vehicle make and model) or persons that you think are involved: _____

What time of the day is the activity occurring? _____

If you would like to, please include your name, address, and phone number of where we can contact you. At times, investigators need to ask further questions. Your information will NOT appear in any police report or legal document and will be kept strictly confidential. _____

Please return this form to:

Operations Commander
Fitchburg Police Department
20 Elm Street
Fitchburg, MA 01420