

**DALLAS POLICE DEPARTMENT  
NORTHEAST PATROL DIVISION**

**DRUG/GANG/FIREARMS COMPLAINT FORM**

**DATE:** \_\_\_\_\_

**YOUR NAME (OPTIONAL):** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Drug HOUSE ADDRESS:** \_\_\_\_\_

**IF APARTMENT, NAME** \_\_\_\_\_ **APT#:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **TEXAS, ZIP:** \_\_\_\_\_

**DESCRIPTION OF LOCATION:** \_\_\_\_\_

**ACTIVITY** UNKNOWN \_\_\_\_\_ COCAINE (CRACK \_\_\_\_\_ POWDER \_\_\_\_\_)  
MARIJUANA \_\_\_\_\_ METHAMPHETAMINE/ SPEED \_\_\_\_\_  
HEROIN (TAR \_\_\_\_\_ CHINA WHITE \_\_\_\_\_ MEXICAN BROWN \_\_\_\_\_)

**SUSPECT #1** RACE \_\_\_\_\_ SEX \_\_\_\_\_ AGE/DOB \_\_\_\_\_ HEIGHT \_\_\_\_\_  
WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_  
NAME/NICKNAME \_\_\_\_\_  
ADDITIONAL DESCRIPTION \_\_\_\_\_

**SUSPECT #2** RACE \_\_\_\_\_ SEX \_\_\_\_\_ AGE/DOB \_\_\_\_\_ HEIGHT \_\_\_\_\_  
WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_  
NAME/NICKNAME \_\_\_\_\_  
ADDITIONAL DESCRIPTION \_\_\_\_\_

**VEHICLE:** TYPE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ LIC# \_\_\_\_\_

**VEHICLE:** TYPE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ LIC# \_\_\_\_\_

**TIME OF ACTIVITY:** DAY \_\_\_\_\_ NIGHT \_\_\_\_\_ SPECIFIC HOURS \_\_\_\_\_

**SUSPECT ARMED?** \_\_\_\_\_ EXPLAIN \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEND INFORMATION TO:**

DALLAS POLICE DEPARTMENT  
ATTN: Sgt. Sundquist/Lt. Nabors  
9915 E. NORTHWEST HWY.  
DALLAS, TEXAS 75238  
214-670-4416  
214-670-4093

**ANONYMOUS TIP LINE  
FAX NUMBER**

**\* PLEASE DON'T USE TIP LINE FOR REPORTING CRIMES  
IN PROGRESS, CONTINUE TO USE 911**