

Richmond Police Department Special Investigations Division Complaint Form



Date:													
Type of Complaint (he as specific as possible)													
Type of Complaint (be as specific as possible)													
□ December			☐ Guns			☐ Gangs		l n		☐ Brectitution			
☐ Drugs			Guis			_				☐ Prostitution			
Type of Area:													
Location of Com													
as specific as possible):													
- · · · · · · · · · · · · · · · · · · ·			1111	1 1 4 /									
Day (s) Complaint Occurs: ☐ Weekdays ☐ Weeknights ☐ Weekends													
					Time (s) Con	nnla	int Occurs						
☐ Early Morning		Javtime				□ Night			☐ Late Night				
☐ Early Morning ☐ Daytime ☐ Evening ☐ Night ☐ Late Night													
Vehicle Involved (be as specific as possible)													
Type Make				del		olor	Style	e		License Plate			
The state of the s													
Other:		ther:					ther:	Other:					
Unique Characteristics													
(i.e., Spinners, Rust, Damage, Low-Rider, No Hubcaps, etc.)													
Suspect Involved (be as specific as possible)													
Suspect #1	Carr	y Univ Color			Hein Lementh		ain Ctuda	Eve Calar		Glasses		Facial Hair	
Race	Sex		Hair Color		Hair Length		Hair Style		Eye Color		S	Facial Hair	
Other:	Other:	Other: Other:			Other:		Other:		Other:			Other:	
Height	Weight				Name (if known)		Othor.		5		me (if kno		
	7.50									(a same a same			
Scars, Marks and/or Tattoos	Location and Type												
							Clothing						
						Description							
Suspect #2													
Race		Hair Color		Hair Length	Hair Length Hair Style		Eye Color		Glasses F		Facial Hair		
Nacc	Sex		Tiali Ooloi		nan Length 1		an otyle	Lyc Goldi		Giasses		i aciai riaii	
Other:	Other:		Other:		Other:		Other: Other:		r:	Other:		Other:	
Height	Weight Age				Name (if known)		·			Nickname (if known)			
Scars, Marks	Location	and T	уре										
							Clothing						
and/or Tattoos							Description						
					Complaintan	t'e li	nformation						
	The belov	v inforn	nation will onl	v be ı	used for contact or	cal	l-back. Informa	tion ma	av be forwa	rded an	onvmous	lv	
				,					.,		,	,	
Name:		First Middle									Last		
A ddroop-	Number						Street						
Address:													
					City				State			Zip Code	
Phone Number:			Home Work									Call	
						vvork			Cell				
E-Mail Address:													

Please forward all complaints to:
Richmond Police Department – Special Investigations Division – 200 W. Grace Street