

Drug/Crime Activity Tip Sheet

Working Together For a Better Buffalo

Is there a specific problem with a property in your neighborhood?

Please fill out the form with as much detail as possible and the
OFFICE OF THE MAYOR - DIVISION OF CITIZEN SERVICES
will see that the problem is forwarded to the proper authorities.

Date: _____

Address of Activity: _____

Apartment: _____ Zip Code _____
(upper, lower, front, rear, etc)

Suspects: _____
(Names, nicknames and description if possible)

Type of drug involved: _____
(cocaine, marijuana, heroin etc.)

Point of sale: _____
(Front window, side door, corner of street etc.)

Busiest Time of Day: _____
(Days, afternoons, nights)

Weapons observed or suspected? _____ yes _____ no

Dogs or other potential dangers? _____

Vehicle Information:

Plate # _____ Make _____ Model _____ Color _____

Plate# _____ Make _____ Model _____ Color _____

Plate# _____ Make _____ Model _____ Color _____

Additional Information: _____

Complainant: (Optional) _____
Name Phone number

Do you wish to be confidentially contacted? _____ Yes _____ No

Please mail this form to: Office of the Mayor – Division of Citizen Services
218 City Hall Buffalo, NY 14202 – Attn: Complaint Resolution Center