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