



# COMMUNITY CONCERN SHEET

CHICAGO POLICE DEPARTMENT



Date: \_\_\_\_\_

Beat: \_\_\_\_\_

Type of Problem: \_\_\_\_\_

Location of Problem: \_\_\_\_\_

**Alleged Offender Information:**

Name and/or Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Floor or Apt #: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Gender: \_\_\_\_\_ Marks, Scars & Tattoos: \_\_\_\_\_

Clothing: \_\_\_\_\_

Vehicle Information: Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Description of Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Contact Information:

Remain Anonymous

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Discuss At Beat Meeting

Do Not Discuss at Beat Meeting