



**City of Reading
Police Department**
815 Washington Street
Reading, Pa. 19601

PHONE: (610) 655-6116 FAX: (610) 372-0889



Mayor
Wally Scott

Chief of Police
Andres Dominguez

**Reading Police Department
Vice Section Complaint Form**

***Please print legibly or type, this is a two page form**

Type of Complaint:			
Prostitution:	Yes:	No:	
Drugs:	Yes:	No:	Check each box that applies:
Cocaine:	Heroin:	Marijuana:	Other (describe):
Address:			Apt#:
Suspect #1 Name:			

Please fill in the following sections as completely as possible.

Race:	Sex:	Height:	Weight:	Build:
Age:	Hair Description:		Eye Color:	
Glasses:	Mustache:	Beard:	Clean Shaven:	
Vehicle Involved?	Yes:	No:	If Yes, Describe below:	
Make:	Model:	Color:		
License #:	State:	Identifying Marks:		

Suspect #2 Name:

Please fill in the following sections as completely as possible.

Race:	Sex:	Height:	Weight:	Build:
Age:	Hair Description:		Eye Color:	
Glasses:	Mustache:	Beard:	Clean Shaven:	
Vehicle Involved?	Yes:	No:	If Yes, Describe below:	

Make:		Model:		Color:	
License #:		State:		Identifying Marks:	

Time of Day Activity Occurs:					
How Dealing is Being Done:		Inside Home:		Outside Home:	
If Inside Home, How are Suspects Accessing the home?:					

Details on Dealing Methods:

Complainant Name:					
Complainant Address:					
Home Ph#		Cell Ph#			
May we use your home for surveillance?:					

This section for office purposes:

Information Received by:		Date:		Time:	
Investigator Assigned:		Date:			
Investigator Notes:					