

**CITY OF LOS ANGELES
CITYWIDE NUISANCE ABATEMENT PROGRAM
NARCOTIC ACTIVITY COMPLAINT FORM**

DESCRIPTION OF NUISANCE LOCATION

1. Address: _____

2. Site Description: *Check one-* house apartment building - Unit Number(s) _____ commercial building (anything that stands out; ie: fences, color of house, etc.):

3. Phone Number(s) related to activity: _____

DESCRIPTION OF SELLER(S)

1. Sex: *Check one-* Male Female 2. Height and Weight: _____
3. Hair color and hair length: _____
4. Any tattoos, scars, missing teeth, or other distinguishing features? Please describe: _____

5. Anything else that would assist officers with the identification of sellers? _____
6. Nick names - Street Names - Gang Names: _____

METHOD OF OPERATION

1. What days of the week and times is the activity occurring?

2. How do suspects sell narcotics? _____

3. Do suspects hide narcotics? If so, where? _____

VEHICLE(S)

1. Color: _____
2. License Plate: _____
3. Make/Model: _____
4. Anything that makes the car stand out (ie: tinted windows, fancy rims, dents, etc.): _____

May we contact you if we need further information? Yes - (please provide information below) No

Your Name: _____
Address: _____
Phone Number: _____

Please mail form back to: CNAP - NAU(JC) PO Box 250018, Los Angeles, CA 90025 or call us at 310-575-8500

