

NEIGHBORHOOD HOT SPOTS

Together We Can Make Our Communities A Better And Safer Place To Live.
Hot Spot Forms Help The District Attorney and The Districts 2 & 6 CPU unit Identify Problems In Our Community.

I have witnessed (check all that apply):		
<u>CRIMINAL</u>	<u>CIVIL</u>	<u>ENVIRONMENTAL</u>
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug Activity (sales/use) <input type="checkbox"/> Gang Graffiti <input type="checkbox"/> Prostitution <input type="checkbox"/> Guns/Shootings <input type="checkbox"/> Fights	<input type="checkbox"/> Loitering <input type="checkbox"/> Loud Music/Dogs Barking <input type="checkbox"/> Public Drinking <input type="checkbox"/> Property Damage <input type="checkbox"/> Gang Activity <input type="checkbox"/> Entry/Thefts	<input type="checkbox"/> Garbage/Junk <input type="checkbox"/> Broken Windows <input type="checkbox"/> Abandoned Auto <input type="checkbox"/> Overgrown Grass/Weeds <input type="checkbox"/> Loose Animals <input type="checkbox"/> Overcrowding <input type="checkbox"/> Traffic/In & Out

Address/ specific location: _____

Apartment number: _____ Upper Lower Front Back

Describe in detail the nuisance or criminal activity: _____

How long has the activity been observed: _____ Date last observed: _____

Most active hours: Nighttime Daytime Weekends Parties Other _____

If drug related, selling is done at: Door Front/ Side/ Back Window Front/ Side/ Back Street Alley

At the problem property, are there: Guns/weapons Dogs Children Elderly Other _____

Who is coming to location: Males White Black Hispanic Other

Ages _____

Females White Black Hispanic Other

Ages _____

Suspect's name/nickname: _____

Male Female White Black Hispanic Other Age: _____ Height: _____

Weight: _____ Hair Color: _____ Gang Member: No Yes Gang: _____

Vehicle: Model: _____ Year: _____ Color: _____

License Plate: _____

Additional Information/ Concerns: _____

If you choose, please provide the following information so that we can contact you if we have questions or updates. Your name **will not** be released without your consent. Thank you for your willingness to help.

Your name: _____ Telephone: _____

Address: _____

Report Concerns Or Return This Form To:



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