



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