



## Vinton Police Department Suspicious Activity Report

This form is used to report suspicious activity within our town limits. This information will be forwarded to our Patrol Division.

**What type of suspicious activity are you reporting?**

Suspicious Persons

Trespassing

Juvenile Issues

Drug Dealing

Noise Ordinance

Gang Activity

Other

**Do you wish to remain anonymous?**   Yes      No

**When is this activity most likely to occur?**

Morning

Evening

Weekdays

Weekends

No Specific Times

**Explain your concern.**

**Full Name:** \_\_\_\_\_

First

Middle

Last

**Address:** \_\_\_\_\_

Street Address

Apt/Unit

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City

State

Zip Code

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please email the completed form to [police@vintonva.gov](mailto:police@vintonva.gov).