



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

City State Zip Code

Phone Number: _____

Email Address: _____

Please email the completed form to police@vintonva.gov.