



SPRINGFIELD
HOUSING
AUTHORITY

Public Safety Department
18 Saab Court/P.O. Box 1609
Springfield, MA 01101
(413) 785-4541 Fax (413) 785-4556

SUSPICIOUS ACTIVITY COMPLAINT

NAME OF PERSON REPORTING (OPTIONAL): _____

ADDRESS: _____ TEL. _____

ADDRESS YOU ARE REPORTING: _____

NAME OF PERSON YOU ARE REPORTING: _____

IS THIS PERSON THE RESIDENT? YES / NO / NOT SURE _____
(CIRCLE ONE)

IS THIS PERSON LIVING OR VISITING ABOVE UNIT? VISITING / LIVING IN UNIT / NOT SURE
(CIRCLE ONE)

EXPLAIN _____

WAS A POLICE REPORT MADE? YES OR NO _____
(CIRCLE ONE)

COMPLAINT: _____

REPORTER'S SIGNATURE _____

DATE _____

OFFICE USE ONLY
REFERRED TO:
 HOUSING POLICE
 HOUSING MANAGER
 SAFETY OFFICER