



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: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

REPORTER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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