

NEIGHBORHOOD HOT SPOTS

The Hot Spot form helps the Assistant District Attorney identify problem areas in your neighborhood. We appreciate any information you can provide. Together we can make our neighborhoods a better and safer place to live.

Address/ specific location: _____

Apartment number: _____ Upper Lower Front Back

Problem: Trash Graffiti Loitering Drugs Loud Noise Junk Auto Other

Explain: _____

How long has the activity been observed: _____ **Date last observed:** _____

Most active hours: Nighttime Daytime Weekends Parties Other _____

Selling done at: Door Front/ Side/ Back Window Front/ Side/ Back Street Alley

Are there: Guns/weapons Dogs Children Elderly Other _____

Who is coming to location: Males White Black Hispanic Other Ages _____

Females White Black Hispanic Other Ages _____

Suspect's name/nickname: _____

Male Female White Black Hispanic Other Ages: _____ Height: _____

Weight: _____ Hair Color: _____ Gang Member: No Yes What Gang: _____

Vehicle: Model: _____ Year: _____ Color: _____

License Plate: _____

Additional Information/ Concerns: _____

If you choose, Please provide the following information so that we can contact you if we have questions or updates. Your name **will not** be released without your consent. Thank you for your willingness to help.

Your name: _____ **Telephone:** _____

Address: _____

Please return this completed form to:



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