



**Lebanon Police Department**  
40 North Second Street, Suite 100  
Lebanon OR 97355

## **NARCOTICS COMPLAINT**

Suspect(s) Address/Description:

Suspect(s) Name(s):

Suspect(s) Vehicle(s):

Type of activity causing you to suspect drug activity:

Your name, address and phone number (optional): *Your information will be kept confidential if requested*

Can you see the suspect(s) residence from your residence?

Will you permit detectives to use your residence for surveillance if necessary? **Circle one: Yes No**

Are you willing to complete the attached Narcotics Activity Log regarding suspect activity?

**Circle one: Yes No**

### **NOTE:**

**It is often helpful during narcotics investigations to have logs of activities having occurred at the suspect residence. Attached is a form which may prove helpful in guiding you through the information logging process. If you choose to assist in the investigation by maintaining the attached Narcotics Activity Log, submit the completed form(s) to the Lebanon Police Department narcotics detective at our facility located in the Lebanon Justice Center, 40 North Second Street, Suite 100, Lebanon OR 97355.**

*Please understand that narcotics investigations can often be detailed and lengthy and your patience and understanding is very much appreciated.*



**Lebanon Police Department**  
 40 North Second Street, Suite 100  
 Lebanon OR 97355

**NARCOTICS ACTIVITY LOG**

<b>Date</b>	<b>Time In / Out</b>	<b>Vehicle Make / Color</b>	<b>License Plate #</b>	<b>Number of People</b>	<b>Male(s) Female(s)</b>	<b>Notes</b>

**Additional copies available at the Lebanon Police Department**