

Date: \_\_\_\_\_

Return via email as attachment to: [cpu@socmilwaukee.org](mailto:cpu@socmilwaukee.org)

# NEIGHBORHOOD HOT SPOTS

The Hot Spot form helps your Community Prosecution Team identify problem properties in your neighborhood. We appreciate any information you can provide. Names are always kept confidential. *Together we can make our neighborhood a better and safer place to live!*

**Exact Hot Spot Location/Address (please be specific):**

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

**Type of Problem:**

- Trash    Graffiti    Loitering    Drugs    Loud Noise    Junk Auto    Prostitution

**Other Explain:** \_\_\_\_\_  
\_\_\_\_\_

**Suspect's Name/Alias/Nickname:** \_\_\_\_\_

(please circle) Male   Female   |   White   Black   Hispanic   Asian   Other

**If the problem is drug activity, are the buyers entering the house?**    Yes    No

**If not, where are the drug deals taking place?** \_\_\_\_\_

**Have you seen any weapons? Please explain:** \_\_\_\_\_

**Do you have any other neighborhood concerns?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your willingness to help. 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.

**Your name:** \_\_\_\_\_      **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please return this completed form to:



Southside Organizing Committee  
Community Prosecution Unit  
1300 South Layton Blvd  
Milwaukee, WI 53215  
Phone 414-672-8090/Fax 414-672-8358



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# ZONAS PROBLEMATICAS

Esta forma ayuda al Community Prosecution Team a identificar propiedades problematicas en su vecindario. Juntos podemos hacer que nuestros vecindarios sean un mejor y más seguro lugar para vivir.

**Lugar Exacto (por favor sea específico):**

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

**Tipo de Problema:**

Basura  Graffiti  Merodeando  Drogas  Ruido Fuerte  Auto Abandonada  Prostitucion

**Explique por favor:** \_\_\_\_\_

**Nombre/Alias/Apodo de Sospechoso(s):** \_\_\_\_\_

Hombre  Mujer |  White  Black  Hispanic  Asian  Otro

**Si el problema es la actividad de drogas, los compradores entran a la casa?**  Si  No

**Si no es así, donde se esta sucediendo?** \_\_\_\_\_

**Ha visto usted armas? Explique por favor:** \_\_\_\_\_

**Tiene usted otros problemas en el vecindario?** \_\_\_\_\_

Favor de darnos la siguiente información, así podremos poneros en comunicación con usted si tenemos preguntas o para infórmale de los resultados.

**Su nombre NO SERA revelado.**

**Nombre:** \_\_\_\_\_ **Teléfono:** \_\_\_\_\_

**Dirección:** \_\_\_\_\_

Por favor devuelva esta forma a:



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