

## Third Ward CARE Committee Problem Property/Complaint Form

**NOTE: Depending on the nature of the incident, call 911 or 311 first.**

Provide as much detail regarding the problem property or complaint, by answering the following questions:

Address of problem property where complaint occurred: \_\_\_\_\_

Is address a single family, duplex, triplex, apartment building, or business? \_\_\_\_\_

Is this an ongoing chronic problem or a single occurrence? \_\_\_\_\_

Provide the date and time of day the problem(s) occur(s): \_\_\_\_\_

What is nature of the activity/crime being committed (i.e. drug dealing, prostitution, abandoned property, etc.)? \_\_\_\_\_

Provide physical description of the residents or participants committing the crimes or people visiting property: \_\_\_\_\_

Have you seen or heard any weapons at this property? \_\_\_\_\_

List any vehicle description and license plate numbers that may be involved: \_\_\_\_\_

Are there any children at the property? What are their approximate ages? \_\_\_\_\_

Are there any dogs at the property? \_\_\_\_\_

Have you contacted 311 or 911 or other city staff? Please provide the name, department and date of contact: \_\_\_\_\_

Date form completed: \_\_\_\_\_

### Contact Information

You may need to be contacted for additional information on this complaint, please complete the following:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Note: While identifying information will only be used for official purposes, the City cannot guarantee confidentiality

**Submit form to: Council Member Diane Hofstede, Room 307, 350 South 5<sup>th</sup> St. Minneapolis, MN 55415**

**Email: [diane.hofstede@ci.minneapolis.mn.us](mailto:diane.hofstede@ci.minneapolis.mn.us) Fax: 612-673-3940, Office: 612-673-2203**