

FAYETTEVILLE POLICE DEPARTMENT

Intelligence Information

Tracking Number: _____

Date: _____

Time: _____

Type of Information:

- | | |
|--|--|
| <input type="checkbox"/> Drug Activity | <input type="checkbox"/> Flim-Flam Artist |
| <input type="checkbox"/> Alcohol Activity | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> Gang Activity | <input type="checkbox"/> Prostitution Activity |
| <input type="checkbox"/> Other (must describe the type of activity)_____ | |

Complainant Information:

Does the Complainant Wish To Remain Anonymous? Yes No

Name: _____

Contact Phone Number: _____

Race & Sex: _____

Address: _____

DOB: _____

Information Received (be sure to include vehicle descriptions, suspect information and attach any additional documentation to this form):

Reporting Officer Name and Badge Number

Approving Officer Name and Badge Number

CIU Supervisor Acknowledgement

Date

Assigned/Referred: Yes No If so to whom: FPD/CIU DEA GBI DTF

Other _____

Date Assigned/Referred: _____