

**NEIGHBORHOOD HOT SPOTS**

The Hot Spot form helps the District Attorney and District 7 Community Prosecution Team identify problems in your community.  
TOGETHER WE CAN MAKE OUR COMMUNITIES A BETTER AND SAFER PLACE TO LIVE

|   |   |   |
|---|---|---|
| <b>I have witnessed (check all that apply):</b>   |   |   |
| <b><u>CRIMINAL</u></b>  | <b><u>CIVIL</u></b>   | <b><u>ENVIRONMENTAL</u></b>   |
| <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Drug Activity (sales/use)<br><input type="checkbox"/> Gang Graffiti<br><input type="checkbox"/> Prostitution<br><input type="checkbox"/> Guns/Shootings<br><input type="checkbox"/> Fights | <input type="checkbox"/> Loitering<br><input type="checkbox"/> Loud Music/Dogs Barking<br><input type="checkbox"/> Public Drinking<br><input type="checkbox"/> Property Damage<br><input type="checkbox"/> Gang Activity<br><input type="checkbox"/> Entry/Thefts | <input type="checkbox"/> Garbage/Junk<br><input type="checkbox"/> Broken Windows<br><input type="checkbox"/> Abandoned Auto<br><input type="checkbox"/> Overgrown Grass/Weeds<br><input type="checkbox"/> Loose Animals<br><input type="checkbox"/> Overcrowding<br><input type="checkbox"/> Traffic/In & Out |

Address/ specific location: \_\_\_\_\_

Apartment number: \_\_\_\_\_  Upper  Lower  Front  Back

Describe in detail the nuisance or criminal activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has the activity been observed: \_\_\_\_\_ Date last observed: \_\_\_\_\_

Most active hours:  Nighttime  Daytime  Weekends  Parties  Other \_\_\_\_\_

If drug related, selling is done at:  Door Front/ Side/ Back  Window Front/ Side/ Back  Street  Alley

At the problem property, 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: \_\_\_\_\_

**Report Concerns Or Return This Form To:**



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