



**COUNTY of INGHAM**  
**State of Michigan**  
**SHERIFF'S OFFICE**

**Gene L. Wriggelsworth**  
**Sheriff**

**Williamstown Township Suspicious Activity/Criminal Tip Sheet**

**\*\*\*\*IF THIS IS AN EMERGENCY OR CRIME PRESENTLY OCCURRING CONTACT 911\*\*\*\***

**Instructions:** Complete the Tip Sheet Information and a Deputy will investigate the Suspicious/Criminal Activity reported. The Deputy will follow-up with the reporting resident at their request. You may be anonymous or provide your information. Each tip will be followed up and tip report generated. Please fill out as much information as possible. (YOU DO NOT NEED TO COMPLETE EACH SECTION. JUST AS MUCH AS YOU FEEL IS NEEDED.)

Reporting Township residents may either e-mail their form to e-mail addresses listed below or provide to the Township Office and they will be forwarded to the Sheriff's Office

**Note:** Please do not change master on-line form. If you prefer to e-mail tip, please copy and modify copy to e-mail.

**Describe the type of Suspicious/Criminal Activity:**

**Does this involve a current investigation? (Provide identifying information):**

**Does this involve something you heard on the news or read in the newspaper? :**

**Address or where the activity is occurring:**

**When is the activity occurring? (Days of the Week/Time/ Related Timing Information):**

**Have you witnessed the Activity? (Describe) :**

**Do you know the names or identities of the people involved? (Provide names or descriptions):**

**Are there vehicles involved? (Make/Model/Color/Damage/Plate) :**

**Additional Information:**

**Contact Information:**

**Do Not Contact me. Wish to remain Anonymous**      YES \_\_\_\_\_ NO \_\_\_\_\_

**Contact me:**

**Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**E-Mail :** \_\_\_\_\_

**E-Mail Form to the following :**

**Sergeant Matthew Flint:**    so\_flint@ingham.org

**Sergeant Steve Sopocy:**    so\_sopocy@ingham.org

**Preferred Method of Contact:**    Visit \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Tip Sheet Tracking: (Sheriff's Department Use)**

**Tip Tracking Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Deputy Assigned:** \_\_\_\_\_

**Tip Disposition: (Brief)**

**No Criminal Activity:** \_\_\_\_\_ **Referred other Dept:** \_\_\_\_\_

**Criminal Complaint Opened (List #):** \_\_\_\_\_ **Date Complete:** \_\_\_\_\_

**Briefly Describe Disposition:**