



# SLED NARCOTICS COMPLAINT

Email: [narcotics@sled.sc.gov](mailto:narcotics@sled.sc.gov)

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

NAME OF SUSPECT(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

TYPE OF DRUGS: \_\_\_\_\_

\_\_\_\_\_

Have you contacted the local Sheriff's Office or Police Department?    NO            YES

DESCRIPTION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anonymous

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Your name and number will be confidential**