

# TRAFFIC COMPLAINT

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOCATION/ADDRESS OF TRAFFIC COMPLAINT \_\_\_\_\_

DATES AND TIMES OF THE TRAFFIC ISSUE \_\_\_\_\_

BRIEFLY DESCRIBE THE TRAFFIC COMPLAINT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I ACKNOWLEDGE THIS FORM IS RECEIVED BY OUR OFFICE MONDAY THROUGH FRIDAY AND IT MAY TAKE UP TO 24 HOURS FROM RECEIPT OF THIS SUBMISSION TO BE ASSIGNED.