

CITIZEN COMPLAINT REPORT FORM

INSTRUCTIONS: Please answer all questions. If the question does not apply, write "N/A" for not applicable.

Today's Date: _____

Report Time: _____

Would you like a response? YES/ No *If you answered YES, please fill in your contact information.*

Citizen Name: _____ (First, MI, Last)

Citizen Address: _____

Citizen Contact Number(s): _____

Citizen Email Address: _____

Incident Date: _____

Incident Time: _____

Incident Location: _____ (Street, Milepost, Intersection, etc.)

Incident City: _____ Incident State: _____

State Vehicle Direction: Northbound Southbound Eastbound Westbound

License Plate Number: E _____ State of Issue: _____

Description of Vehicle: Make: _____ Model: _____ Color: _____

Description of Driver: _____

Description of incident, please be specific: _____

