



# Cordova Police Department

## Traffic Complaint Form

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

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

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

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

**Location of Complaint:** \_\_\_\_\_

**Type of Traffic Complaint:** \_\_\_\_\_

**Can we utilize Complainant's Driveway for Radar/Radar? Y or N**

**Time of Day most Prevalent:** \_\_\_\_\_

**Best Time to Contact:** \_\_\_\_\_

**Other Comments:**

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After obtaining the above information Advise the Complaint that the information provided will be forwarded to Traffic Officer Marcus Carrol who will be making contacting on his next Scheduled shift.

**Date of complaint:** \_\_\_\_\_