

# EXETER TWP. POLICE DEPARTMENT



## TRAFFIC COMPLAINT FORM

Complainant Name: \_\_\_\_\_ Date : \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Complainant Address: \_\_\_\_\_

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

Nature of Complaint:  Speeding  Parking  Abandon Vehicle(s)

Other: \_\_\_\_\_

Days of Week this occurs: \_\_\_\_\_

Times of Day this occurs: \_\_\_\_\_

Additional Information:


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**POLICE USE ONLY BELOW THIS POINT:**

Incident # (if needed): \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Given to Sgt. Johnson on: \_\_\_\_\_

Reviewed by Sgt. on: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Date: \_\_\_\_\_

Complete Date: \_\_\_\_\_

Complainant Contacted: \_\_\_\_\_

Notes:
