



ROCKY RIVER POLICE DEPARTMENT

Traffic Complaint Form

Date _____ Completed by _____

Complainant Name _____

Address _____

Phone Number _____ Email _____

Location of Complaint A street address is preferred, followed by an intersection. The least preferred is a street name between two streets, e.g. Wagar between Westway & Hilliard Blvd.

_____ Direction _____

Nature of the complaint. Please select the most accurate.

- Speed Stop sign Traffic signal Shortcutting
- Other traffic control device Parking Reckless operation
- Other Please describe _____

Time of day of reported violations Check all that apply, but be as specific as possible

- 0500 to 0700 Hrs. Early morning Other _____
- 0700 to 0900 Hrs. Morning rush hour _____
- 0900 to 1600 Hrs. Business hours _____
- 1600 to 1800 Hrs. Evening rush hour _____
- 1800 to 2300 Hrs. Evening _____
- 2300 to 0500 Hrs. Night _____

To be completed by Police Personnel	
Traffic Complaint ID _____	Received by _____ Date _____
_____	Entered by _____ Date _____