



Richmond Police Department Traffic Complaint Form



Date:			
Type of Complaint (be as specific as possible):	<input type="checkbox"/> Stop Light/Stop Sign Violations <input type="checkbox"/> Speeding <input type="checkbox"/> Reckless Driving <input type="checkbox"/> Other:		
Location of Complaint (be as specific as possible):			
Type of Area:	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> School Zone		
Day (s) Complaint Occurs:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Weekdays <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends		
Time (s) Complaint Occurs:	<input type="checkbox"/> Midnight – 1:00 am	<input type="checkbox"/> 8:00 am – 9:00 am	<input type="checkbox"/> 4:00 pm – 5:00 pm
	<input type="checkbox"/> 1:00 am – 2:00 am	<input type="checkbox"/> 9:00 am – 10:00 am	<input type="checkbox"/> 5:00 pm – 6:00 pm
	<input type="checkbox"/> 2:00 am – 3:00 am	<input type="checkbox"/> 10:00 am – 11:00 am	<input type="checkbox"/> 6:00 pm – 7:00 pm
	<input type="checkbox"/> 3:00 am – 4:00 am	<input type="checkbox"/> 11:00 am - Noon	<input type="checkbox"/> 7:00 pm – 8:00 pm
	<input type="checkbox"/> 4:00 am – 5:00 am	<input type="checkbox"/> Noon – 1:00 pm	<input type="checkbox"/> 8:00 pm – 9:00 pm
	<input type="checkbox"/> 5:00 am – 6:00 am	<input type="checkbox"/> 1:00 pm – 2:00 pm	<input type="checkbox"/> 9:00 pm – 10:00 pm
	<input type="checkbox"/> 6:00 am – 7:00 am	<input type="checkbox"/> 2:00 pm – 3:00 pm	<input type="checkbox"/> 10:00 pm – 11:00 pm
	<input type="checkbox"/> 7:00 am – 8:00 am	<input type="checkbox"/> 3:00 pm – 4:00 pm	<input type="checkbox"/> 11:00 pm – Midnight
OR			
<input type="checkbox"/> Early Morning	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
<input type="checkbox"/> Late Night			
Complainant's Name:			
Complainant's Address:			
	Number	Street	
	City		State
			Zip Code
Complainant's Phone Number:			
	Home	Work	Cell

**Please forward all complaints to:
Richmond Police Department - Special Operations - 2219 Chamberlayne Avenue**

Assigned Complaint #: _____



Richmond Police Department Traffic Complaint Form



For Special Events Division – Traffic Enforcement Unit Use Only						
Date Received:		Received By:		Precinct/Sector Location:	/	
Date Assigned:		Officer Assigned:		Unit:		
Officer Conducting Survey:				Code:		
Location	Speed Limit	Date	Day	Start Time	End Time	Total Time
# of Vehicles Surveyed:			Average Speed:			
Violations:	Speeding		Other Violations:		Total	

Assigned Complaint #: _____