



URBANA POLICE DIVISION TRAFFIC COMPLAINT FORM



Type of Complaint (Check the appropriate box of your complaint below):

Speed Stop Sign Red Light Parking Reckless Operation

Other

Please Provide Details of Your Complaint:

Location of Complaint:

Day of the Week Violation is Occurring:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Specific Times of the Day Complaint is Occurring:

12:00 am – 01:00 am	08:00 am – 09:00 am	04:00 pm – 05:00 pm
01:00 am – 02:00 am	09:00 am – 10:00 am	05:00 pm – 06:00 pm
02:00 am – 03:00 am	10:00 am – 11:00 am	06:00 pm – 07:00 pm
03:00 am – 04:00 am	11:00 am – 12:00 pm	07:00 pm – 08:00 pm
04:00 am – 05:00 am	12:00 pm – 01:00 pm	08:00 pm – 09:00 pm
05:00 am – 06:00 am	01:00 pm – 02:00 pm	09:00 pm – 10:00 pm
06:00 am – 07:00 am	02:00 pm – 03:00 pm	10:00 pm – 11:00 pm
07:00 am – 08:00 am	03:00 pm – 04:00 pm	11:00 pm – 12:00 am

Complainant's Name: _____ Date: _____

Complainant's Address: _____

Complainant's Phone Number: _____

Please Forward Form to the Urbana Police Division by Clicking on the Submit Button

If you are using Google Chrome, save document and Email to john.purinton@ci.urbana.oh.us