

# **Sutton Police Department Speeding Traffic Complaint Form:**

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

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

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

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

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

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

**Can we utilize Complaint's Driveway for Radar/Radar  
Trailer:**                      Yes      No

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

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

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*After obtaining the above information Advise the Complaint that the information  
provided will be forwarded to Sgt. Richard who will be making contacting on his next  
scheduled shift.*

**Date of Complaint:** \_\_\_\_\_