



Salem Police Department Traffic Complaint Form



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

Please forward all complaints to:
Salem Police Department – Professional Standards
36 E. Calhoun Street, Salem, Virginia 24153