



Prospect Heights Police Department Traffic Concern/Complaint Form

Date Received _____ Time Received _____ Officer/Volunteer: _____

Citizen Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone# _____

Email: _____

Incident Information

Location: _____

Date(s) of Incident: _____

Time(s) of Incident: _____

Description of Incident: _____

Suspect(s) Information: _____

Suspect Vehicle Information

Make: _____ Model: _____ Year: _____

License Plate # _____ State: _____ Color: _____

Other Description(s): _____

Additional Information

Review

Officer/Volunteer Reviewing: _____ Date(s): _____

Found: _____

Action Recommended/Taken: _____

Approval: _____ Star# _____

Follow up: _____
