



Rural Living Experience™

# Baker City Police Department

## TRAFFIC SAFETY COMPLAINT FORM

Today's date: \_\_\_\_\_

### Complainant information:

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

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

Telephone: \_\_\_\_\_

### Type of complaint:

- Speeding Vehicles
- Stop Sign/Light Violations
- Fail to Stop for Pedestrian
- Fail to Yield Entering Roadway
- Careless Driving
- Other: Specify Violation

Location of traffic complaint: \_\_\_\_\_

Closest cross street: \_\_\_\_\_

Direction of travel: \_\_\_\_\_

Days and times the complaint occurs: \_\_\_\_\_

Suspect Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Driver Description:  Male  Female App. Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Details/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OFFICER USE ONLY

Date received: \_\_\_\_\_

Notes/Comments/Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Send this form to:

Baker City Police Department • 1768 Auburn Ave • Baker City, OR 97814-0650 or  
Fax 541-524-2023 or email [cdauidson@bakercity.com](mailto:cdauidson@bakercity.com) or 24 hours Dispatch 541-523-3644