CITY OF SANDY SPRINGS POLICE DEPARTMENT

5995 Barfield Road
Sandy Springs, GA 30328
Main: 404-250-0327
Fax: 404-250-6829

Traffic Complaint Form

All Information is Required

Today's Date: _____

Your Name: _____
Last, First, MI

Address: _____

City, State Zip: _____

Your Phone or Email Address: _____

What is the specific traffic violation? _____

_____

What is the location of the complaint? (be specific – street and nearest cross street/block #)

_____

What time of day is this happening? _____

What day(s) of the week does this occur? _____

For Office Use Only – Do not write in this box.

Date Received: Received by: Beat:

Date Worked	Time (From – To)	# Citations	# Violations	Officer Assigned

Officer Comments: