

ANTELOPE VALLEY AREA TRAFFIC COMPLAINT WORKSHEET

Traffic Complaint

Entered In Log: Y / N

Received by: _____ Date: _____ Complainant: _____

Phone Number (preferred): _____ Location: _____

Vehicle Info (if known): _____ Suspect Info (if known): _____

Nature of Complaint:

Time of Day / Night: _____ Days of Week: _____ First Time Reporting: Yes No

Requesting In Person Contact: Y / N Address (If yes): _____

Officer: _____ Assigned by: _____ Date Assigned: _____

Date Worked: _____ Start / End Time(s) at Location: _____

Activity: 215's: ____ 267's: ____ 422's: ____ 180's: ____ Verbals: ____ 216/202's: ____ Total: ____

Telephone Contact Made (**Required Unless Personal Contact Requested**): Y / N Date / Time: ____/____ Hrs

In Person Contact Made (**Required If Requested Above**): Y / N, Date / Time: ____/____ Hrs

Comments/Observations (**Required**): _____ See Reverse:

Officer: _____ Assigned by: _____ Date Assigned: _____

Date Worked: _____ Start / End Time(s) at Location: _____

Activity: 215's: ____ 267's: ____ 422's: ____ 180's: ____ Verbals: ____ 216/202's: ____ Total: ____

Comments/Observations (**Required**): _____ See Reverse:

Follow-Up Phone Contact by Sergeant Made on: _____ at _____ Hrs Complainant Satisfied: Y / N

If No, Explain: _____

See Reverse:

Commander Reviewed: _____ Date: _____

Additional Action Required: Y / N Ok to File: Re-assign (Initiate New Worksheet): 545-26 (Rev. 11/25)