# CLACKAMAS COUNTY
## SHERIFF'S OFFICE

# *Traffic Complaint Form*

**Please download this form, print it, fill it in and mail to:**

**Clackamas County Sheriff's Office**
**Traffic Complaints**
**2223 S. Kaen Road**
**Oregon City, Oregon 97045**

***Please print legibly.***

**Today's Date:** _____

**Your Name:** _____
*Last, First, MI*

**Address:** _____ **City:** _____

**Home Phone:** _____ **Work Phone:** _____

**Type of Complaint:** _____

_____

**What Street is this occuring on?** _____

**What is the closest cross street?** _____

**What time of day is this happening?** _____

**Is this in a speed zone?** _____ **What is the posted speed?** _____

**Do not write in this box - for Office use only.**

**Date received:** _____ **Received by:** _____ **District:** _____

**Comments:** _____

_____

**Disposition:** _____

**(503) 655-8218 - Fax (503) 655-8549 - www.co.clackamas.or.us/sheriff**