



Fuquay-Varina Police Department Traffic Complaint Form

Please print this form upon completion. Fax ,bring in or mail to:

Fuquay-Varina Police Department
114 North Main Street
Fuquay-Varina, NC 27526

Today's Date: _____

Your Name: _____
Last, First, MI

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Type of Complaint: _____

What Street is this occurring on? _____

What is the closest cross street? _____

What time of day is this happening? _____

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

<p>Do not write in this box – for Office use only.</p> <p>Date received: _____ Received by: _____</p> <p>Assigned to: _____</p> <p>Disposition: _____</p> <p>_____</p>
--