



# Justice Police Department

## TRAFFIC ENFORCEMENT ACTION REQUEST FORM

This form can be mailed or dropped off at the Justice Police Department, 7800 S. Archer Rd  
Or faxed to 708-458-2190

COMPLAINANT TO COMPLETE

**Person Reporting Incident:** \_\_\_\_\_

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

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Type of Violation(s)**

- Speeding    Reckless Driving    Disobey Traffic Sign/Signal    Other

**Explain:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Incident Date(s):** \_\_\_\_\_

**Incident Time(s):** \_\_\_\_\_

**Type of Vehicle(s):** \_\_\_\_\_

\*\*\*\*\*

*Department use only*

**Received by:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_