



CITY OF DORAL POLICE DEPARTMENT

6100 NW 99th Avenue

Doral, FL 33178

305-593-6699 Ext. 2542

Ernesto.Garciga@doralpd.com

TRAFFIC CONCERN REPORTING FORM

Your Name:

Phone Number:

E-mail Address:

Location of Traffic Concern:

Type of traffic concern: (select all that apply)

Speeding _____ Stop Sign _____ Traffic Signal _____ Other concern: _____

Day(s) of the week you notice the concern: (select all that apply)

Times you notice the concern: (select all that apply)

Sunday

Monday

Tuesday

Wednesday

Morning rush hour

Evening rush hour

Thursday

Friday

Saturday

Every Day

Between
_____ and _____

All of the time

If a specific vehicle is causing the concern, please provide the following information:

Make:

Color:

Model:

Description of driver:

Describe in detail your concern:

Under Florida law, email addresses are public record. If you do not want your email address released in response to a public records request, do not send email to this entity.

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received:

Received/ Reviewed by:

Date Closed:

Disposition: