

COMPLAINT FORM

Complaint Information:

Location of Complaint: _____

Description of Complaint: _____

Complainant's Name: _____ Phone #: _____

Address: _____ POB #?: _____

Complainant's Signature: _____ Date: _____

Does complainant wish to remain anonymous? Yes No

Does complainant wish contact upon action/outcome? Letter Phone No Contact

FOR OFFICE USE ONLY

Received by: _____ Date received: _____

Code Enforcement Officer's Comments: _____

Action Taken: _____

