



COMPLAINT FORM

Information supplied on this form is not public and will only be used to follow-up on the complaint or to request additional information.

Date Received

PART A - COMPLAINANT

Name: _____

Address: _____

Email: _____ Phone: _____

PART B - LOCATION AND DESCRIPTION OF COMPLAINT

Address associated with the complaint: _____

Description/Reason for complaint - *please be as specific and detailed as possible:*

OFFICE USE ONLY

Staff member receiving complaint: _____

Complaint forwarded to: _____

Date of investigation: _____ Violation (yes or no): _____

Violation Codes: _____

Abatement date: _____ Abatement recheck Date: _____

Abatement Status: _____

Remarks/findings: _____

File closed date: _____ Codes Officer Signature: _____