COMPLAINT FORM
City Code Violations

Date: __________ Time: __________
Alleged Violator: _______________________________
Address: _______________________________________
Phone #: _______________________________________

Nature of Complaint: ______________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Prior complaint? Yes____ No____ Date of Prior Complaint: __________

Complainant: ______________________ Have you contacted alleged
Address: ___________________________ Violator? Yes____ No____
Phone #: (h) __________ (w) __________ If yes, explain below
Comments: ________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Complainant Signature: ______________________ Date: __________

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Office Use Only:

Present Status: _____ Pending _____ Resolved _____ Date
Closed due to: _____ Unfounded _____ No violation _____ Duplicate

Referred to: _____ Police _____ Public Works _____ MSC
______ Health _____ Housing _____ Other
______ Building/Fire _____ SPCA