Complaint Number: _____

COMPLAINT FORM

Date: _____

Name: _____ Do you request your name withheld? [ ] Yes

Contact Phone Number: _____
Address of Complaint: _____

Nature of Complaint: (Please Print Clearly) (Use Additional Sheet if Necessary)

_____
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_____

_____Office Use Only_____
_____

Assigned to: [ ] Ordinance Enforcement [ ] [ ] Cemetery [ ] Other
Date: _____

Action Taken: [ ] Investigate [ ] Letter Issued [ ] Citation Issued #_____
Follow-up Required: [ ] Yes [ ] No

Findings of Fact:

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