



CITIZEN COMPLAINT FORM

COMPLAINANTS NAME: _____ EMAIL: _____

COMPLAINANTS ADDRESS: _____ PHONE: _____

COMPLAINANTS SIGNATURE: _____ DATE: _____

DO YOU WISH TO BE INFORMED OF THE AGENCY ACTIONS?: YES NO

ADDRESS OF VIOLATION (S): _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE VIOLATION (S) LOCATED ON THE PROPERTY:

CAN THE VIOLATION BE OBSERVED FROM THE PUBLIC RIGHT-OF-WAY? YES NO

WILL YOU PROVIDE ACCESS TO THE INSPECTOR IF NECESSARY? YES NO

FOR OFFICE USE ONLY

DATE RECEIVED BY STAFF: _____

REFERRED TO: CODE ENFC. BUILDING PLANNING ANIMAL CONTROL
FOR FOLLOW UP

STAFF COMMENTS:

DATE COMPLETED: _____