Complaint Form

(Office Use – Date Stamp)

Information Taken By: _____
(Office Use Only –Routing)
CASE #_____
___Mayor
___Clerk/Treasurer
___Fire Chief
___Building Official
___Public Works Director
___Code/Animal Control

Complainant Information

Name: _____
Address: _____
Phone: _____ Email: _____

Location of Problem Information

Name: _____
Address: _____
Phone: _____

When was the problem first noticed:

Description of problem:

Office Use Only

Who Investigated the problem: _____ Date & Time of Meeting: _____

What was discovered: _____

Conclusion: _____

Follow-up Date: _____ Follow-up Report: _____

