Complaint Form

(Office Use – Date Stamp)

Case #: _____
(Office Use Only –Routing)

__ Mayor

__ Clerk/Treasurer

__ Fire Chief

__ Building Official

__ Public Works Director

Complainant Information

Name: _____

Address: _____

Phone: _____

Location of Problem Information

Name: _____

Address: _____

Phone: _____

When was the problem first noticed:

_____

_____

_____

Description of problem:

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Office Use Only

Date & Time of Meeting: _____

Final Report: _____

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Complaint Resolved: _____