

COMPLAINT FORM

Date _____ Time _____

Received by _____

Complaint by

Telephone _____ In Person _____ U.S. Mail _____ Email _____

Type of Complaint

Zoning _____ Garbage _____ Weeds _____

Signs _____ Sewer _____ Trees _____

Traffic _____ Housing _____ Burning _____

Recreation _____ Animals _____ Roads _____

Parking _____ Other _____

Address of Complaint _____

Property Owner _____

Complainant's Name _____

Address and Phone Number _____

Brief explanation of problem _____

Department and Person Referred to _____

Disposition _____

Date Cleared _____ Initials: _____