

COMPLAINT FORM

DATE RECEIVED: _____

TIME: _____

COMPLAINT RECEIVED BY: _____

ADDRESS OF COMPLAINT (SITE):

COMPLAINANT'S NAME:

COMPLAINANT'S ADDRESS:

PHONE:

RESIDENCE _____

WORK _____

OTHER _____

TYPE OF COMPLAINT:

- BURNING
- COMMERCIAL
- CONSTRUCTION (Water/Sewer)
- DOG
- ELECTRIC
- PARKING
- ODOR
- ROADS
- SIGNS
- STORM DRAINAGE
- TRAFFIC
- TRASH
- WEEDS
- ZONING
- OTHER (Specify) _____

BRIEF EXPLANATION OF PROBLEM:

DEPARTMENT & PERSON REFERRED TO: _____

DISPOSITION: _____

DATE CLEARED: _____

INITIALS: _____