

COMPLAINT FORM

Complaint #: _____

Date: _____

Property Address: _____ Tax Map #: _____

Property Owner: _____ Phone #: _____

Address (if different): _____

Name of Occupant (if different): _____

Description of Complaint: _____

Source of Complaint:

Anonymous

Citizen: _____

CEO: _____

Other: _____

Investigation:

Violation Found

Date: _____

Violation Not Found

Date: _____

Action Taken: _____

Date Notice of Violation sent: _____

Date Complaint Resolved: _____