



**COMPLAINT FORM**

Location/Map Parcel :		
Complainant's Name:		
Owner's Name & Address:		
Complaint Number:	Date:	Telephone Number:
Time Received:	Received By:	
By Letter:	Telephone:	In Person:
Specify Details of Complaint:		

**NOTE:**

1. This complaint should be investigated within forty-eight hours.
2. The results of the investigation and the action taken must be shown below.
3. The violation letter must be typed, attached to this form, submitted to the superintendent of inspections/zoning administrator for approval within one working day of inspection. (Send certified mail.)

To Be Investigated By:	Date Assigned:
------------------------	----------------

**RESULTS OF INVESTIGATION**

Was Complaint Justified?	Yes?	No?
--------------------------	------	-----

(Show dates and results of investigation and re-investigation on page 2.)

Final Disposition:	Abatement:	Referral:	Others:
--------------------	------------	-----------	---------

Signature of Inspections Superintendent/Zoning Administrator:
---

**REMARKS:**


