

COMPLAINT FORM

Information about to person the Complaint is against

Name: _____

Address: _____

Phone#: _____

Directions: _____

Complaint: _____

Signature of Complainant: _____ *Date:* _____

Below this Line
Office Use Only

Inspector's Comments: _____

Inspector's Recommendations: _____

Permits that are required: _____

Inspector Signature: _____ Date: _____

Action Taken: _____ Date: _____

Chief Inspector Signature: _____ Date: _____