

COMPLAINT FORM

Date Reported: _____

Complainant's Name: _____ #: _____

Address of Complaint: _____

Owner's Name: _____

Owner's Address: _____

Map #: _____ Parcel #: _____ Acreage: _____

Problem Reported:

Valid: YES NO Inspected By: _____ Date: _____

Reported Findings:

COURSE OF ACTION

1. Letter Sent Date: _____ Contacted: _____
Time Given: _____ Recheck Date: _____

2. Turn Over to County Attorney Date: _____

3. Court Appearance Date: _____

Results:
