



## CITIZEN COMPLAINT FORM

Date: \_\_\_\_\_

Complainants Name: \_\_\_\_\_

Complainants Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Location of Violation (address):

\_\_\_\_\_  
\_\_\_\_\_

Directions to the Site:

\_\_\_\_\_  
\_\_\_\_\_

Nature of Violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Inspection Results & Remedies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return the completed complaint form to Stacey Smith, Code Enforcement Officer in Room G106 of the Old Historical Courthouse.