

COMPLAINT FORM

Name of Person Filing Complaint: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you wish to remain anonymous?     yes     no

Signature of Complainant: \_\_\_\_\_

Date Complaint Filed: \_\_\_\_\_

**Complaint Filed Against:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please describe in detail, nature of complaint (attach additional sheets if necessary including photos, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed by Zoning Officer: -

Zoning Officer Receipt of Complaint Form (Date): \_\_\_\_\_

Action taken by Zoning Officer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_