## COMPLAINT FORM

Complainant: $\qquad$ Telephone: $\qquad$
Address: $\qquad$
Email:
This information will be kept confidential upon your request.
[ ] Keep information confidential
Nature of Complaint:[]Health []Building []Zoning []Fire []Highway [] Other
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$\qquad$

Date Received $\qquad$ By

Date(s) Investigated $\qquad$ By
$\qquad$

Action(s) Taken $\qquad$
工_(attach additional pages, if needed)
Date ClosedBy
$\qquad$

