Complaint Form

Violation Observation:

Violation Location/Address:

Date of Observation:

Complainant (*First name if desired, name is preferred as well as a method to contact in the event we need further details)*:

Complainant Contact Phone # (*if desired contact method*):

Complainant Contact email address (*if desired contact method*):

Complainant Contact address (*if desired contact method*):

Complaint details and notes:

SUBMIT FORM

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OFFICE USE:

Date of Inspection: _____Time of Inspection: _____

Inspection Completed By: _____ Further Action Required:

Yes _____ (*MyGov*) No _____

MyGov Case # _____

Notes: _____

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