



Code Enforcement Division
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****COMPLAINT FORM****

DATE: _____

ALLEGED VIOLATOR:

NAME: _____

ADDRESS: _____

DESC. OF COMPLAINT: _____

COMPLAINANT:

NAME: _____ **ANON:** _____

ADDRESS: _____

PHONE: _____ **SIGNED:** _____

RECVD BY: _____

INVESTIGATED BY:

OFFICER: _____ **DATE** _____

FOUND IN VIOLATION: Yes ___ No ___

RESULTS:

CCIN ISSUED: _____ **N.O.V. ISSUED:** _____

SECTION _____