CITIZEN COMPLAINT FORM  
(Code Enforcement)

Name of person reporting problem: ___________________________ Date: ___________________

Address: ____________________________________________________________

Phone number: ___________________________  Email: ____________________________

Location of Problem (address): __________________________________________

Description of Problem: ________________________________________________

Name of person completing form: _________________________________________

For Inspector’s Use Only:

Name of Inspector: ___________________________  Title: __________________________

Location checked? (Yes, No) ____________ Date: ________________  Time: ____________

Problem observed? (Yes, No) ____________ Notes: __________________________________

Enforcement / Corrective Action: _________________________________________

Follow-up with Complainant: ___________________________________________

Supporting Information Attached (Yes, No) ____________