



BUILDING & LAND USE DEPT.
CONCERN/COMPLAINT

Date: _____

How Reported : In person Mail

Name of Person Submitting This Form:

Address: _____

Phone Number: _____

Location of Concern/Complaint:

Description of Concern/Complaint: _____

Signature: _____

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(OFFICE USE ONLY)

Received by: _____

Forwarded to: _____

Action Taken:

Additional follow-up required:
