



RESIDENT CONCERN/COMPLAINT FORM

Building Department

Date Reported: _____ Time Reported: _____ Received By: _____

Reported By: _____ Phone No. _____

Name & Address Being Reported:

NATURE OF CONCERN/COMPLAINT:

Referred To: _____ Date: _____

Investigated By: _____ Date: _____

FINDINGS:

ACTION TAKEN BY DEPARTMENT:

ACTION TAKEN BY OWNER TO RESOLVE CONCERN/COMPLAINT:
