



Planning Commission

COMPLAINT REPORT

COMPLAINANT NAME: _____

COMPLAINANT ADDRESS: _____

CONTACT INFORMATION: _____

DATE COMPLAINT RECEIVED _____

ADDRESS OF COMPLAINT: _____

NATURE OF COMPLAINT:

SIGNATURE OF COMPLAINANT: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

INSPECTED BY: _____ DATE: _____

INSPECTOR'S FINDINGS:

ACTION TAKEN:
