

## **PUBLIC COMPLAINT FORM**

Date:

Location of Complaint:

Nature or Description of Complaint:

Contact Information of Concerned Party (Optional):

**For Office Use Only**
Date Submitted:
Date of Initial Inspection / Inspector:
Results:
Recommended Action:
Date Action Taken:
Follow-up inspection date(s) and results:
Date Deschued / Closed
Date Resolved / Closed: