

COMPLAINT FORM

Please be as specific with dates and times as possible and provide photographs when applicable/available.

Date: _____

I, _____ Telephone # () _____ - _____

Residing at _____, wish to enter a complaint regarding :

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

If the complaint is about a physical condition or a health hazard condition, provide the following information:

Name of party whom complaint is against: _____

Street address/location of problem: _____

Name & address of owner of property involved: _____

Signature of Complainant

Date _____